

**PACIFIC SKIN INSTITUTE**  
**MEDICAL HISTORY QUESTIONNAIRE**

(Please give this form to the medical assistant upon rooming)

Skin Cancer History

( Not applicable  )

Basal Cell Carcinoma

Squamous Cell Carcinoma

Diabetes Mellitus

Melanoma

Atypical Nevus/Nevi

Actinic Keratosis

(Precancerous)

Other Skin Cancers

Medical History:

( Not applicable  )

Anesthetic Complications

Blood Clots

Cancer

Connective Tissue Disease

Hepatitis  B  C

HIV /  AIDS

Hypertension

Impetigo

Keloids

Lupus/Photosensitivity  
Dermatitis

Shingles

Thyroid Disease

Other:

( Not applicable  )

Defibrillator / Implantable Device

Pregnant /  Planning to become pregnant

Breastfeeding

Taking Blood Thinners

Medication Allergies:

( Not applicable  )

No  Yes (please describe in exam room)

Tobacco Use:

( Not applicable  )

Current  Former

Preferred Lab: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_