ATOMIC DERMATOLOGY
*Vicki Haines DCNP*

## History and Intake Form

**Today's Date:** _____

**Patient's Name:** Last_____, First _____ Middle _____

**HEIGHT:**_____ **WEIGHT:**_____

**CURRENT/FORMER SMOKER?** _____ **If yes, how long**_____

**Skin Disease History:** (please check all that apply)

- ☐ **NONE**
- ☐ Acne
- ☐ Basal Cell skin cancer
- ☐ Eczema
- ☐ Actinic Keratosis
- ☐ Blistering sunburns
- ☐ Flaking or itchy scalp
- ☐ Asthma
- ☐ Dry skin
- ☐ Hay fever/Allergies
- ☐ Poison Ivy
- ☐ Psoriasis
- ☐ Squamous Cell skin Cancer
- ☐ Precancerous moles
- ☐ Melanoma
- ☐ Other:_____
  _____

**Do you wear sunscreen?** Yes No If yes, what SPF?

**Do you tan in a tanning salon?** Yes No

**Do you have a family history of Melanoma?** Yes No If yes, which relatives?

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**Medications:** (Please enter all current prescription and over-the-counter medications including supplements)

**Medication Allergies:** (please list medication and reactions)

**Past Medical History:** (please check all that apply)

- ☐ **NONE**
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Irregular heart Beat
- ☐ Bone marrow transplant
- ☐ Breast cancer
- ☐ Benign prostatic hyperplasia
- ☐ Colon Cancer
- ☐ COPD
- ☐ Coronary artery disease
- ☐ Depression
- ☐ Diabetes
- ☐ End stage renal disease
- ☐ GERD
- ☐ Hearing loss
- ☐ Hepatitis
- ☐ Hypertension
- ☐ HIV/AIDS
- ☐ High Cholesterol
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Leukemia
- ☐ Lung cancer
- ☐ Lymphoma
- ☐ Prostate cancer
- ☐ Radiation therapy
- ☐ Seizures
- ☐ Stroke
- ☐ Other: _____ _____ _____

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**Past Surgical History:** (please check all that apply)

- ☐ **NONE**
- ☐ Heart transplant
- ☐ Appendix removal
- ☐ Bladder removal
- ☐ Kidney Biopsy (Nephrectomy)
- ☐ Mastectomy (Right, Left, Bilateral)
- ☐ Lumpectomy (Right, Left, Bilateral)
- ☐ Kidney removed (Right, Left)
- ☐ Kidney stone removal
- ☐ Breast reduction
- ☐ Breast implants
- ☐ Ovaries removed: Endometriosis
- ☐ Ovaries removed: Ovarian cyst
- ☐ Ovaries removed: Ovarian cancer
- ☐ Colectomy: Colon cancer resection
- ☐ Colectomy: Diverticulitis
- ☐ Colectomy: IBD
- ☐ Prostate biopsy
- ☐ Prostate removal: Prostate cancer
- ☐ Gallbladder removal
- ☐ TURP (Prostate removal)
- ☐ Coronary artery bypass
- ☐ Spleen removal
- ☐ Mechanical valve replacement
- ☐ Testicle removed (right, Left, Bilateral)
- ☐ Biologic valve replacement
- ☐ Hysterectomy: Fibroids
- ☐ Hysterectomy: Uterine cancer
- ☐ Joint replacement within the last 2 years
- ☐ Joint replacement, Knee (right, left, Bilateral)
- ☐ Joint replacement, Hip (right, Left, Bilateral)
- ☐ Other: _____ _____ _____