Windsor Dermatology Medical History Questionnaire

Name: _____ Date of Birth: _____ Today's Date: _____

HAVE YOU EVER HAD

- ☐ Anemia
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Atrial Fibrillation
- ☐ BPH (Benign Prostatic Hyperplasia)
- ☐ Breast cancer
- ☐ Colon cancer
- ☐ Congestive heart failure
- ☐ COPD / emphysema
- ☐ Coronary artery disease or heart attack
- ☐ Depression or bipolar
- ☐ Diabetes
- ☐ End stage renal or chronic kidney disease
- ☐ GERD/ acid reflux/ heartburn
- ☐ Hepatitis (What type? A / B / C)
- ☐ Hypertension/ high blood pressure
- ☐ HIV/ AIDS
- ☐ High cholesterol
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Leukemia
- ☐ Lung cancer
- ☐ Lupus
- ☐ Multiple sclerosis
- ☐ Organ or bone marrow transplant
- ☐ Prostate cancer
- ☐ Seizures
- ☐ Stroke
- ☐ Tuberculosis
- ☐ Surgery (list below):

_____

_____

_____

- ☐ Any condition not listed above:

_____

_____

_____

HAVE YOU EVER HAD

- ☐ Actinic keratoses
- ☐ Basal cell skin cancer
- ☐ Squamous cell skin cancer
- ☐ Melanoma
- ☐ Moles removed and found to be precancerous, dysplastic, or unhealthy
- ☐ Eczema / atopic dermatitis
- ☐ Psoriasis
- ☐ Close relatives with melanoma (CIRCLE: Father Mother Brother Sister Child)

SMOKING STATUS

- ☐ Never smoker
- ☐ Former smoker
- ☐ Current smoker- some days
- ☐ Current smoker- every day

IMMUNIZATIONS

- ☐ Current flu season vaccine received
- ☐ COVID-19 vaccine received
- ☐ COVID-19 booster received
- ☐ (Age 65+ only) Ever received pneumococcal vaccine (Prevnar, Pneumovax)

ALLERGIES

- ☐ Medications: _____
- ☐ Other: _____

CURRENT MEDICATIONS

Name	Dose/ Pill	# and Type	# of times per day
Example: Ibuprofen	*200mg*	*2 tablets*	*3x/d*

(CIRCLE ONE)

Do you have a living will?

Yes No

Do you have a healthcare proxy?

Yes No

If yes, please list their contact information:

Name: _____

Telephone Number: _____

PLEASE ANSWER ANY WHICH APPLY

- ☐ (women) Pregnant
- ☐ (women) Attempting pregnancy
- ☐ (women) Breastfeeding
- ☐ Joint replacement surgery
- ☐ Mechanical heart valve
- ☐ Mitral valve prolapse
- ☐ Defibrillator or pacemaker

NEW ACNE PATIENTS (CIRCLE ANY MEDICINES YOU HAVE TRIED ALREADY)

Retin-A Differin Tazorac Adapalene Tretinoin Ziana Epiduo Benzaclin Duac Acanya Clindamycin Benzoyl Peroxide Klaron Sulfur Washes Proactiv Aczone Doxycycline Doryx Acticlate Tetracycline Minocycline Solodyn Accutane Isotretinoin Claravis Absorica Zenatane

NEW PSORIASIS PATIENTS (CIRCLE ANY MEDICINES YOU HAVE TRIED ALREADY)

Topical Steroids: Clobetasol Clobex Olux Taclonex Betamethasone Ultravate Halobetasol Triamcinolone Desonide
Other Topical: Dovonex Calcipotriene Tar Tazorac Protopic Elidel
Oral Therapies: Methotrexate Cyclosporine/Neoral Soriatane Otezla
Biologic Therapies: Enbrel Humira Stelara Cosentyx Taltz Amevive Raptiva
Phototherapy: UVB PUVA Laser