Today's Date: _____

FORCARE
MEDICAL CENTER

Patient Name: _____ Date of Birth: _____

Clinical Information

Do you wear Sunscreen? ◯ Yes ◯ No If, Yes, what SPF: ◯ 15 ◯ 30 ◯ 45 ◯ 50 ◯ unsure

Do you Tan in a Tanning Salon? ◯ Yes ◯ No

Do you have a Family history of Melanoma (Skin Cancer)? ◯ Yes ◯ No If yes, which relatives? _____

Smoking: ◯ Never smoked ◯ Former Smoker ◯ Smoke less than daily ◯ Smoke Daily

Allergies (List): _____ _____ _____

_____ _____ _____

Current Medications (include dosage)

_____ _____ _____

_____ _____ _____

Medical History (Check all that apply)

- ☐ Anxiety
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Arterial fibrillation
- ☐ Benign Prostatic Hyperplasia (Enlarged Prostate)
- ☐ Bone Marrow Transplantation
- ☐ Breast Cancer
- ☐ Colon Cancer
- ☐ COPD (Emphysema)
- ☐ Coronary Artery Disease
- ☐ Depression
- ☐ Diabetes
- ☐ End Stage Renal Disease
- ☐ GERD (Acid Reflux)
- ☐ Hearing Loss
- ☐ Hepatitis
- ☐ Hypertension (High Blood Pressure)
- ☐ HIV/AIDS
- ☐ Hypercholesterolemia (High Cholesterol)
- ☐ Hyperthyroidism (Overactive thyroid)
- ☐ Hypothyroidism (Underactive thyroid)
- ☐ Leukemia
- ☐ Lung Cancer
- ☐ Lymphoma
- ☐ Pacemaker
- ☐ Prostate Cancer
- ☐ Radiation Treatment
- ☐ Seizures
- ☐ Stroke
- ☐ Valve Replacement
- ☐ Other: _____
- ☐ **None**

Patient Name: _____ Today's Date: _____

FORCARE MEDICAL CENTER

Past Surgical History (Check all that apply)

- ☐ Appendix Removed
- ☐ Bladder Removed
- ☐ Mastectomy : ___Right __Left __Bilateral
- ☐ Lumpectomy: ___Right __Left __Bilateral
- ☐ Breast Reduction
- ☐ Breast Implants
- ☐ Colectomy: Colon Cancer Resection
- ☐ Colectomy: Diverticulitis
- ☐ Colectomy: IBD
- ☐ Gallbladder Removal
- ☐ Coronary Artery Bypass
- ☐ PTCA (Angioplasty)
- ☐ Mechanical Valve Replacement
- ☐ Biological Valve Replacement
- ☐ Heart Replacement
- ☐ Joint Replacement Knee __Right __Left __Bilateral
- ☐ Joint Replacement Hip __Right __Left __Bilateral
- ☐ Joint Replacement within past 2 yrs
- ☐ Kidney Biopsy
- ☐ Kidney Removed ___Right ___ Left
- ☐ Kidney Stone Removal
- ☐ Kidney Transplant
- ☐ Ovaries Removed: Endometriosis
- ☐ Ovaries Removed: Cyst
- ☐ Ovaries Removed: Ovarian Cancer
- ☐ Prostate Biopsy
- ☐ TURP (Prostate Resection
- ☐ Skin Biopsy
- ☐ Basal Cell Cancer Surgery
- ☐ Squamous Cell Carcinoma
- ☐ Melanoma Surgery
- ☐ Spleen Removed
- ☐ Testicles Removed __Right __Left __Bilateral
- ☐ Hysterectomy: Fibroids
- ☐ Hysterectomy: Uterine Cancer
- ☐ **No Surgeries**

Skin History

- ☐ Acne
- ☐ Actinic Keratosis (AKs)
- ☐ Asthma
- ☐ Basal Cell Skin Cancer
- ☐ Blistering Sunburns
- ☐ Dry Skin
- ☐ Eczema
- ☐ Flaking or Itchy Scalp
- ☐ Hay Fever / Allergies
- ☐ Melanoma
- ☐ Poison Ivy
- ☐ Precancerous Moles
- ☐ Psoriasis
- ☐ Squamous Cell Skin Cancer
- ☐ **None**