



# DERMATOLOGY CONSULTANTS OF MARIN, INC.

5000 Civic Center Drive  
San Rafael, CA 94903  
P: 415 499-0100  
F: 415 499-0290

599 Sir Francis Drake Blvd.  
Greenbrae, CA 94904  
P: 415 755-4515 Phone  
F: 415 524-8305 Fax

## MEDICAL HISTORY

Name : \_\_\_\_\_ Birth Date : \_\_\_\_\_  
Pharmacy of Choice : \_\_\_\_\_ City : \_\_\_\_\_

HAVE YOU EVER HAD, OR DO YOU HAVE THE FOLLOWING CONDITIONS?			
	YES	NO	
Heart Problems			Type:
Mitral Valve Prolapse			
High Blood Pressure			
Hepatitis/Liver Problems			
Diabetes			
Lung Problems			Type:
Internal Cancer			Type:
Immune Deficiency (HIV/Lymphoma)			Type:
Blood Transfusions			
Bleeding Problems			
Anxiety			
Depression			
Metal Implants (Plates/Wires)			
Artificial Valve/Pacemaker			
History of skin cancer			Type: Treatment:
History of keloid Scarring			
History of radiation exposure			
Family history of melanoma			Relationship:

DO YOU ROUTINELY TAKE THE FOLLOWING MEDICATIONS?			
	YES	NO	
Aspirin			
Ibuprofen			
Blood Thinners			Type:
Do you take antibiotics before dental work? Yes No Why? _____			
Which physician recommended these antibiotics? _____			
Are you pregnant?	Yes	No	Nursing? Yes No
List Current Medication(s): _____			

**Are you allergic to any medications?** Yes No

If yes, please list medication(s) and reaction(s): \_\_\_\_\_

**Social History:** Smoking: Never Smoke Quit Former smoker Smokes less than daily Smokes Daily

**Skin Disease History:** Acne Hay Fever/Allergies Blistering Sunburns Dry Skin  
Precancerous Moles Eczema Actinic Keratoses Melanoma Psoriasis  
Asthma Poison Ivy Flaking or Itchy Scalp Basal Cell Carcinoma Squamous Cell Carcinoma  
Other: \_\_\_\_\_

**Do You Wear Sunscreen?** Yes No What SPF? \_\_\_\_\_