Mary Washington Dermatology

Date: _____

Patient Name: _____ **DOB:** _____

Preferred Pharmacy: _____ **Preferred Lab**_____

Reason for Today's Visit:

_____

Personal Medical Problems:

○ Basal Cell Carcinoma	○ Autoimmune Disease
○ Squamous Cell Carcinoma	○ Organ Transplant
○ Melanoma	○ HIV/AIDS
○ Atypical Moles	○ Hepatitis C
○ Psoriasis	○ Artificial Joints or Heart Valves
○ Eczema	○ Anxiety/Depression
○ Allergies/Hayfever	○ Bleeding Problems
○ Cancer	○ Acne
○ Taking a Blood Thinner	○ Pacemaker/Defibrillator

Surgical History:

○ Mohs	
○ Skin Cancer Surgery	

Family History:

○ Basal Cell Carcinoma	○ Melanoma	○ Autoimmune Disease	○ Eczema
○ Squamous Cell Carcinoma	○ Cancer	○ Psoriasis	

Do you smoke? _____ **Have you ever smoked?** _____

Do you drink? _____ **Frequency:** _____ **Illegal Drug Use: Y/N**

Do you wear sunscreen? _____

Are you pregnant or breastfeeding? _____

Allergies:_____

_____

Current Medications:_____

_____