LAURA WAGNER, INC.
Health Questionnaire

PATIENT NAME: _____ **DOB:** _____

REASON FOR TODAY'S VISIT: _____

DEFAULT PHARMACY:
Pharmacy Name: _____ Phone#: _____

Pharmacy Address: _____

ALLERGIES, MEDICATIONS,VACCINES, & DISCHARGE INFO:

Do you have any DRUG ALLERGIES? ☐ Yes ☐ No LIST PRESCRIPTION NAMES & REACTION TO DRUG

_____

_____

OTHER ALLERGIES: ☐ Latex ☐ Tape ☐ Band-aids

MEDICATIONS: Do you currently take any prescription medications? ☐ Yes ☐ No
We will download your medication list from the pharmacy benefit manager, Surescripts. You may provide a list if you like.

Have you had the FLU SHOT this season?
☐ **YES**/approximate date: _____ ☐ **NO**/give reason: not yet * declined * allergy to vaccine * other: _____

Have you ever had the PNEUMONIA SHOT?
☐ **YES**/approximate date: _____ ☐ **NO**/give reason: not yet * declined * allergy to vaccine * other: _____

Have you been DISCHARGED within the last 30 days from an inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility)? ☐ Yes ☐ No Discharge date: _____

FAMILY HISTORY OF SKIN CANCER: **Include only if the relation is a PARENT, FULL SIBLING OR CHILD.** check & circle all that apply.

☐ NO KNOWN FAMILY HISTORY
☐ MELANOMA RELATIONSHIP TO YOU: MOTHER * FATHER * SISTER * BROTHER * DAUGHTER * SON
☐ SQUAMOUS CELL CARCINOMA RELATIONSHIP TO YOU: MOTHER * FATHER * SISTER * BROTHER * DAUGHTER * SON
☐ BASAL CELL CARCINOMA RELATIONSHIP TO YOU: MOTHER * FATHER * SISTER * BROTHER * DAUGHTER * SON

PATIENT SOCIAL HISTORY:
Smoking Status: ☐ Current Daily ☐ Current Occasional ☐ Heavy ☐ Light ☐ Never ☐ Former
Alcohol Consumption: ☐ None ☐ Social ☐ Heavy
Females only, check one: ☐ Pregnant ☐ Trying to conceive ☐ Nursing ☐ None of these

PATIENT SURGICAL HISTORY: check all that apply
☐ Skin Cancer Surgery ☐ Hysterectomy ☐ Sterilization ☐ Tubal Ligation

PATIENT MEDICAL HISTORY: Have you been diagnosed or treated for any of the following? ☐ **Yes** ☐ **No** **Check all that apply.**

SKIN CANCER HISTORY: ☐ Melanoma ☐ Squamous Cell Carcinoma ☐ Basal Cell Carcinoma ☐ Actinic Keratosis (pre-cancers)

☐ AIDS/HIV	☐ DEFIBRILLATOR	☐ HYPERTENSION	☐ STROKE
☐ ARTHRITIS	☐ DIABETES	☐ KIDNEY DISEASE	☐ THYROID PROBLEMS
☐ ARTIFICIAL HEART VALVE	☐ EMPHYSEMA	☐ LIVER DISEASE	☐ TUBERCULOSIS
☐ ARTIFICIAL JOINT	☐ G.E.R.D.	☐ MIGRAINES	
☐ ASTHMA	☐ GLAUCOMA	☐ ORGAN TRANSPLANT	
☐ BLOOD THINNERS	☐ HEART DISEASE	☐ OTHER CONDITION: please list	
☐ CANCER other than skin	☐ HEPATITIS: A * B * C	☐ PACEMAKER	
☐ CHEMOTHERAPY	☐ HERPES SIMPLEX VIRUS	☐ RADIATION THERAPY	
☐ COLITIS	☐ HIGH CHOLESTEROL	☐ SEIZURES	