LAURA WAGNER, M.D. Dermatology

HEALTH QUESTIONNAIRE

PATIENT INFORMATION: AGE: _____

Name _____ DOB: _____ GENDER: ☐ Male ☐ Female

HABITS

Smoking Status	☐ Current Smoker	☐ Former Smoker	☐ Never Smoker	
Alcohol Consumption	☐ None	☐ Social	☐ Heavy	
Females, check one	☐ Pregnant	☐ Trying to conceive	☐ Nursing	☐ None of these

REASON FOR VISIT: Explain the reason for your visit. List approximate onset date & location of each problem.

_____

_____

CURRENT MEDICATIONS: An accurate medication list is an important part of your chart. Please be thorough. **(Include strength and dose if known)** Do not list vitamins or supplements.

☐ NONE

_____ _____ _____

_____ _____ _____

_____ _____ _____

DRUG ALLERGIES: List all drug allergies.

☐ NONE

_____ _____ _____

_____ _____ _____

***PERSONAL* HISTORY OF *SKIN* CANCERS:** List approximate dates and location of skin cancers.

_____

_____

***FAMILY* HISTORY OF *SKIN* CANCERS:** List their relationship to you and type of skin cancer.

_____

_____

LIST OTHER *SKIN* PROBLEMS THAT YOU HAVE BEEN TREATED FOR IN THE PAST List approximate onset date.

_____

_____

SURGERIES List approximate dates.

_____

_____

REVIEW OF SYSTEMS: HAVE YOU BEEN DIAGNOSED OR TREATED FOR ANY OF THE FOLLOWING:
Circle all that apply or none. Please note the approximate onset date next to each item you circle.

_____ NONE		
_____ GLAUCOMA	_____ COLITIS	_____ THYROID DISEASE
_____ ARTIFICIAL HEART VALVE	_____ G.E.R.D.	_____ ASPIRIN/COUMADIN
_____ HEART DISEASE	_____ HEPATITIS	_____ AIDS / HIV
_____ HYPERTENSION	_____ KIDNEY DISEASE	_____ CANCER other than skin
_____ PACEMAKER	_____ SEIZURES	_____ CHEMOTHERAPY
_____ STROKE	_____ MIGRAINES	_____ RADIATION THERAPY
_____ ASTHMA	_____ DIABETES MELLITUS	_____ ORGAN TRANSPLANT
_____ EMPHYSEMA	_____ HERPES SIMPLEX VIRUS	_____ ARTIFICIAL JOINT
_____ OTHER		

_____ _____

Signature of Patient (or guardian if patient is a minor) **Date**

☐ **Check here if you have additional information attached.**

☐ **Scanned**