



Summit Plastic Surgery & Dermatology
Medical History Form

What is the reason for your visit today?

Have you been hospitalized in the past year?

MEDICAL HX current/prior problems

1.
2.
3.
4.
5.
6.
7.
8.

SURGICAL HISTORY

Please list previous surgeries Date:

1.
2.
3.
4.
5.
6.

SUN EXPOSURE HISTORY

Lifetime Sun Exposure	Mild	Mod.	Heavy
History of Blistering	Yes	No	
Sunscreen Use:	Always	Occas.	Never

MEDICATIONS list current medications

1.
2.
3.
4.
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6.
7.
8.

Patient Label

Allergies:

DERMATOLOGIC HX Have you had:

<input type="radio"/> Melanoma
<input type="radio"/> Squamous Cell Carcinoma
<input type="radio"/> Basal Cell Carcinoma
<input type="radio"/> Skin Cancer, Uncertain Type
<input type="radio"/> Dysplastic (Atypical) Moles
<input type="radio"/> Actinic Keratoses (Pre-cancer)
<input type="radio"/> Eczema/Psoriasis
<input type="radio"/> Other

SOCIAL HISTORY

Please circle/fill in

Alcohol:	None	Yes	Amount
Tobacco:	None	Yes	Amount
Drug Use:	None	Yes	Amount

FAMILY MEMBERS HAVE HX OF:

<input type="radio"/> Melanoma
<input type="radio"/> Squamous Cell Carcinoma
<input type="radio"/> Basal Cell Carcinoma
<input type="radio"/> Skin Cancer, Uncertain Type
<input type="radio"/> Dysplastic (Atypical) Moles
<input type="radio"/> Actinic Keratoses (Pre-cancer)
<input type="radio"/> Eczema/Psoriasis
<input type="radio"/> Other

OFFICE USE ONLY:

Reviewed and Updated By:

Init					
Date					

MEDICATIONS (Continued)

1.
2.
3.
4.
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6.
7.
8.

MEDICATIONS (Continued)

1.
2.
3.
4.
5.
6.
7.
8.