SOUTHWEST SKIN CANCER AND VEIN CLINIC
HISTORY AND INTAKE

PATIENT NAME: _____ **Date:** _____

Past/Current Medical History: (Please check all that apply)

_____Anxiety
_____Arthritis
_____Asthma
_____Atrial Fibrillation
_____Breast Cancer
_____Colon Cancer
_____COPD
_____Coronary Artery Disease
_____Depression
_____Diabetes
_____End Stage Renal Disease
_____GERD
_____Hearing Loss
_____Hepatitis A □ B □ C □
_____High Blood Pressure
_____High Cholesterol
_____HIV/AIDS
_____Leukemia
_____Lung Cancer
_____Lymphoma
_____Prostate Cancer
_____Radiation Treatment
_____Seizures
_____Stroke
_____Thyroid-Hypo/Hyper
_____Transplantation

Other _____

List any treatments you are currently undergoing (i.e., chemotherapy, dialysis, etc.) : _____

_____

History of tanning bed use? Yes □ No □

Past Surgical History: (Please check all that apply)

_____Appendix Removed
_____Biological Valve Replacement
_____Bladder Removed
_____Breast Biopsy (Right, Left, Bilateral)
_____Colectomy: Colon Cancer Resection
_____Colectomy: Diverticulitis
_____Colectomy: IBD
_____Coronary Artery Bypass
_____Gallbladder Removed
_____Heart Transplant
_____Hysterectomy: Fibroids
_____Hysterectomy: Uterine Cancer
_____Joint Replacement within last 2 years
_____Joint Replacement, Hip (R, L, Bilateral)……..Approximate date: _____
_____Joint Replacement, Knee (R, L, Bilateral)……Approximate date: _____
_____Kidney Biopsy (Nephrectomy)
_____Kidney Removed (Right, Left)
_____Kidney Stone Removed
_____Kidney Transplant
_____Lumpectomy (Right, Left, Bilateral)
_____Mastectomy (Right, Left, Bilateral)
_____Mechanical Valve Replacement
_____Ovaries Removed: Cyst
_____Ovaries Removed: Ovarian Cancer
_____Prostate Removed: Prostate Cancer
_____Spleen Removed
_____Testicles Removed (Right, Left, Bilateral)
_____TURP (Prostate Removal)

Other: _____

Skin Disease History: (Please check all that apply)

_____Acne
_____Actinic Keratosis
_____Basal Cell Carcinoma
_____Cancer
_____Dry Skin
_____Eczema
_____Family History of Melanoma:
If Yes, which relative(s)?
_____
_____Flaking or Itchy Scalp
_____Hay Fever/Allergies
_____Melanoma
_____Precancerous Moles
_____Psoriasis
_____Squamous Cell Carcinoma

Other: _____