Strother Dermatology
and Laser Treatment Center, PLLC

MEDICAL INFORMATION

Last Name_____ **First Name**_____ **M.I.** ____ **Birth Date**_____ **Age**_____

Date_____ **Reason for Visit** _____

Were you sent here by your doctor? ☐ **Y** or ☐ **N** Physician that sent you _____

List all medications you are currently taking: _____

_____

_____

Are you allergic to any medications? ☐ **Y** ☐ **N** List: _____

_____

Social History/Habits: ☐ In school ☐ Single ☐ Married Occupation: _____

Use/Smoke Tobacco ☐ **Y** ☐ **N** Drink Alcohol? ☐ **Y** ☐ **N** If yes ☐ Occasional ☐ 3 or more per week ☐ Daily

Past Medical History & Review of Systems — **Family History**

Check the following conditions that have occurred In you or your family	You	Mother	Father	Brother/ Sister	(Explain all checked items)
Skin Disease in Your Family					
Eczema	☐	☐	☐	☐	_____
Psoriasis	☐	☐	☐	☐	_____
Skin Cancer – Unknown Type	☐	☐	☐	☐	_____
Malignant Melanoma	☐	☐	☐	☐	_____
Basal Cell or Squamous Cell Cancer	☐	☐	☐	☐	_____
Other skin problems:	☐	☐	☐	☐	_____

Your Overall Health:

Cancer other than skin cancer	☐	_____
Eyes / Ears / Nose / Throat / Mouth disease	☐	_____
Allergies / Hay Fever	☐	_____
Lung disease / Asthma / COPD	☐	_____
High blood pressure	☐	_____
Blood / Bleeding Disorder	☐	_____
Heart disease, pacemaker, or defibrillator	☐	_____
Unusual headaches / seizure / stroke	☐	_____
Psychological disorder / depression	☐	_____
Thyroid disease / diabetes	☐	_____
Liver disease / hepatitis	☐	_____
Stomach / bowel disease	☐	_____
Kidney / bladder problem	☐	_____
Arthritis / muscle / joint disease	☐	_____
Autoimmune disease	☐	_____
Other medical problem	☐	_____

Response to sun exposure: ☐ Always burn ☐ Burn easily ☐ Some tan, some burn ☐ Tan easily, rarely burn ☐ Never burn

Use of indoor tanning beds: ☐ Never ☐ Rarely in past ☐ Before travel or events ☐ Several times each month

Females: Are you pregnant/Nursing? ☐ _____