Willamette Dermatology, PC

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https://paulklas.nextechweb.com/Patient/

HEALTH QUESTIONNAIRE

Patient name _____ Date _____

Birthdate _____

	Current medications (if none, please write none)	
	Medication Name	**Dosage**
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

	Drug Allergies (if none, please write none)	
	Medication Name	**Reaction**
1		
2		
3		
4		
5		

Do you take blood thinners (Aspirin, Warfarin, Coumadin, Ibuprofen/Motrin/Advil, Vit E)? ❑ Yes ❑ No

Do you take antibiotics before dental procedures? ❑ Yes ❑ No
If yes, what antibiotic? _____

	Do you have a reaction to any of the following?
❑	No reactions to any of following
❑	Local anesthetics (ex. lidocaine)
❑	Rubber/latex
❑	Topical antibiotics (ex. neosporin)
❑	Surgical tape/bandages

	Past medical history		
❑	- No Pertinent Past Medical History	❑	History of staph infection
❑	Artificial heart valve	❑	HIV
❑	Asthma or emphysema	❑	Joint problems or artificial joint
❑	Bleeding tendency	❑	Keloids or abnormal healing
❑	Blood clot	❑	Kidney disease
❑	Cancer (other than skin)	❑	Leg swelling or varicose veins
❑	Cold sores	❑	Liver disease or hepatitis
❑	Depression or anxiety	❑	Neurologic disorder
❑	Diabetes	❑	Organ Transplant
❑	Eye or vision problems	❑	Pacemaker / Defibrillator
❑	Hay fever (seasonal allergies)	❑	Radiation Therapy
❑	Heart Disease	❑	Stroke
❑	High Blood Pressure	❑	Thyroid Disorder
❑	High Cholesterol	❑	Other History

	Past skin history	Year	Notes
❑	- No significant skin history		
❑	Actinic Keratosis		
❑	Basal Cell Carcinoma		
❑	Squamous Cell Carcinoma		
❑	Abnormal mole(s)		
❑	Malignant Melanoma		
❑	Skin Cancer Not Specified		
❑	Other Suspicious Lesion		
❑	Eczema		
❑	Psoriasis		

Where did you live from ages 0-18?

	Sun exposure history				
	BLISTERING SUNBURNS		**SUNSCREEN USE**		**TANNING BOOTH USE**
❑	0	❑	Never use sunscreen	❑	Never used tanning beds
❑	1-3	❑	Sometimes use sunscreen	❑	Occasionally use(d) tanning beds
❑	>3	❑	Always wear sunscreen	❑	Regularly use tanning beds

	Past surgeries/hospitalizations		
	Surgery	**Date**	**Notes**
1			
2			
3			
4			
5			
6			

	Family history	Afflicted family member	Notes
❑	- No Contributing Family History		
❑	Adopted		
❑	Basal or squamous cell carcinoma		
❑	Malignant Melanoma		
❑	Atopy (Eczema, asthma, or hay fever/seasonal allergies)		
❑	Psoriasis		
❑	Pancreatic cancer		
❑	Bleeding disorder or blood clots		
❑	Other Family History		

Social history		**Personal Habits**	
Marital Status:	❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Domestic partner	Alcohol Use:	❑ Never drink alcohol ❑ Occasionally drink alcohol ❑ Drink alcohol daily
Occupation:		Tobacco Use:	❑ Current every day smoker ❑ Current some day smoker ❑ Former smoker ❑ Never smoker ❑ Smoker, current status unknown ❑ Unknown if ever smoked Date Started: _____ Date Ended: _____
Hobbies:			

Additional comments:

Are you currently experiencing any of the following…

	Constitutional		Gastrointestinal
❑	no fever, chills, fatigue, fainting, or unexpected weight loss or gain	❑	no abdominal pain, diarrhea, or nausea/vomiting
❑	fatigue	❑	abdominal pain
❑	fainting	❑	diarrhea
❑	fever or chills	❑	nausea and/or vomiting
❑	unexpected weight loss or weight gain		**Musculoskeletal**
	Immunologic	❑	no joint pain or muscle weakness
❑	no seasonal allergies or asthma	❑	joint pain
❑	seasonal allergies	❑	muscle weakness
❑	asthma		**Respiratory**
❑	Autoimmune disease	❑	no shortness of breath or cough
	Skin	❑	shortness of breath
❑	no itchy, painful, or bleeding skin	❑	cough
❑	itchy skin		**Genitourinary**
❑	dry skin	❑	no pain with urination
❑	bleeding	❑	pain with urination
❑	painful	❑	yeast infection
❑	other skin problems	❑	no G/U symptoms
	Cardiovascular	❑	menstrual irregularities
❑	no chest pain, high blood pressure, or palpitations	❑	pregnant
❑	chest pain	❑	breastfeeding
❑	high blood pressure		**Endocrine**
❑	palpitations	❑	no endocrine symptoms
	Ears, nose, mouth, throat	❑	thyroid disorder
❑	no hearing problems or sore throat		
❑	hearing problems		**Other - List**
❑	sore throat		
❑	sinus infection		
❑	dental issues		

Patient or legal guardian signature **Date**

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Reviewed by	Date	