



MEDICAL QUESTIONNAIRE

Patient Name: _____ DOB: _____ Date: _____

Email address: _____ Reason for Today's Visit: _____

DO YOU HAVE NOW OR HAVE YOU HAD A HISTORY OF THE FOLLOWING CONDITIONS? PLEASE CHECK ONLY THOSE THAT APPLY:

- Immunosuppression
Skin Pre-cancers (actinic keratosis)
Irregular Moles (dysplastic nevus)
Melanoma
Skin Cancer (basal or squamous)
Hepatitis B or C
High Blood Pressure
Low Blood Pressure
Heart Disease
Heart Murmur
Atrial Fib/Flutter
Heart Attack/Stents
High Cholesterol
Joint Replacement
Site
Year
Asthma
Lung Disease
Liver Disease
Diabetes
Thyroid Disease
MRSA
Multiple Sclerosis
Bowel Disease
Kidney Disease
Pacemaker
Hayfever / Allergies
Lupus
HIV
Stroke
Seizures
Depression
Rheumatologic Disorder
Organ Transplant
Type:
Glaucoma
Cancer (ex. breast)
Type:
Radiation Treatment
Blood disorders
Eczema
Psoriasis
Have you had a pneumoccal vaccine?
Completed the COVID vaccine?

Are you allergic to any medications? If yes, please list: _____

Are you allergic to tape/ointments? Yes / No

Previous surgeries: _____

Please list your current medications, including herbs and vitamins, or give a list: _____

Any additional comments or something we should know: _____

DO YOU HAVE A HISTORY OF BLISTERING SUNBURNS? Yes / No DO YOU HAVE A HISTORY OF TANNING BED USE? Yes / No

ARE YOU INTERESTED IN ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY)

- BOTOX® Cosmetic
Skin Care Products
Chemical Peels
SculpSure Fat Sculpting
Laser Hair Removal
Facials

DO ANY FAMILY MEMBERS HAVE A HISTORY OF THE FOLLOWING CONDITIONS?:

Melanoma Yes / No Skin Cancer Yes / No Psoriasis Yes / No Lupus Yes / No
Eczema Yes / No Hair Loss Yes / No Thyroid Disease Yes / No

WHERE DID YOU GROW UP? _____ I HAVE LIVED IN FLORIDA SINCE WHAT YEAR? _____

DO YOU PERSONALLY USE THE FOLLOWING?: Sunscreen Yes / No Alcohol Yes / No Tobacco Yes / No

MARITAL STATUS: Single Married Divorced Widowed

OCCUPATION: _____ RACE/ETHNICITY: _____

WHAT OUTDOOR ACTIVITIES ARE YOU INVOLVED IN? _____

WE RECOMMEND A YEARLY TOTAL BODY SKIN EXAM INCLUDING WHEN APPROPRIATE GENITAL AND/OR PERIANAL SKIN IN ORDER TO EVALUATE FOR SKIN CANCERS. WILL YOU BE HAVING A TOTAL BODY SKIN EXAM TODAY?

- Yes No Next Visit

IN AN EMERGENCY PLEASE CONTACT: _____ PHONE NUMBER: _____

SIGNED: _____

3830 Bee Ridge Road - Suite 200, Sarasota FL 34233
4351 Cortez Road W - Suite 101, Bradenton FL 34210
11505 Palmbrush Trail - Suite 220, Lakewood Ranch FL 34202
7915 US 301 - Suite 107, Ellenton FL 34222
1211 Jacaranda Blvd, Venice FL 34292
6106 State Road 70 East, Bradenton FL 34203