



## THOMAS SKIN SURGERY Patient Medical History Form

Please complete the medical history form below and mail to our office or fax to 205-871-5066. If you have questions while filling out the form, please call our office at 205-879-7066 and ask to speak one of our RN's, who will be happy to assist you.

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Male – Female

Preferred Telephone Number(s) \_\_\_\_\_

Emergency contact person and telephone number of same \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Current reason for visit:

Skin Cancer \_\_\_\_\_ Other \_\_\_\_\_

Has this skin cancer or condition been previously treated? \_\_\_\_\_

Associated Symptoms:  bleeding  tingling  numbness

### **Pertinent Medical History**

Medications (please attach list if more than three prescription medications) \_\_\_\_\_

**Blood thinner policy. If you are taking Coumadin(warfarin) we will want a blood test(INR or PT) within 2 weeks of your surgery.**

Supplements/vitamins \_\_\_\_\_

Drug allergies \_\_\_\_\_

Do you have any new or changing medical symptoms, such as:

shortness of breath  chest pain  bleeding

Do you have a history of feeling faint or nauseated when having blood drawn, receiving injections or donating blood?  yes  no

Do you have intolerance to local anesthesia, such as rapid heart beat or palpitations?

yes  no

**If you have any unstable medical problems, please call and speak to an RN to give full details.**

## REVIEW OF SYSTEMS

Below are questions about potentially relevant medical problems that you may have. Please circle all that apply, and we will review with you prior to surgery.

### Cardiovascular History

- History of heart attack
- Pacemaker
- Angina (chest pain due to insufficient blood flow to heart)
- Defibrillator
- Artificial valve (aortic valve or mitral valve)
- Hypertension (high blood pressure)

### Neurological History

- Stroke or any temporary stroke symptoms (TIA, RIND)
- Seizures

### Hematological/Lymphatics History

- Bleeding disorder
- Leukemia/lymphoma
- Blood or blood product transfusions

### Previous Skin Cancers

- None
- Basal cell carcinoma
- Squamous cell carcinoma
- Melanoma
- Other/or skin cancer but type unknown

### Family History of Skin Cancer (1<sup>st</sup> degree)

- Parents
- Siblings
- Children

### Respiratory History

- Asthma
- Emphysema
- Tuberculosis

### Psychiatric History

- Depression
- Anxiety attacks
- Psychosis
- Memory loss (dementia)

### Constitutional Symptom History

- Are you pregnant or breast feeding?
- Fever
- Weight loss

### Infectious Disease History

- Hepatitis
- HIV/AIDS

### Endocrine Disease History

- Diabetes (type 1 or type 2)
- Thyroid disease

### Scarring History (abnormal scarring)

- Keloids
- Hypertrophic scarring

### Social History

- Occupation
- Smoking (if yes, how many packs/day)
- Alcohol (if yes, quantity/week)

### Miscellaneous

Many people heal so well that it can be difficult to see the biopsy site on the day of surgery. Therefore, please photograph your biopsy site as early as possible after the biopsy and bring the picture with you on the day of surgery. If your cell phone has a camera, a photograph taken with it will work fine. You can simply bring your cell phone, and you do not need to print the picture.