

Duke Lightner Dermatology, CPDC
Dermatology History Form

Patient Name _____

Patient Label Here

- 1) Who referred you to us today? _____
- 2) What is the reason for your visit today? (Please be specific) _____
- 3) Have you been treated by another physician for this condition? NO YES If YES, by who? _____
What was done? _____
- 4) Have you seen a Duke Dermatologist in the past 3 years? NO YES If YES, who? _____
What was done? _____
- 5) Have you ever had:
 Melanoma–location, date: _____ Dysplastic/Atypical Mole–location, date: _____
 Skin Cancer–location, date: _____ Skin conditions: _____
- 6) Family history: has any of your family ever had:
 Melanoma–who: _____ Dysplastic/Atypical Mole–who: _____
 Skin Cancer–who: _____ Skin conditions–what, who: _____
- 7) If female, are you: Pregnant? NO YES Trying to conceive? NO YES
Breastfeeding? NO YES On Birth control? NO YES What? _____
- 8) Have you ever had/have:
 Heart disease Bleeding problems Kidney disease
 Diabetes Immunocompromised Liver disease
 Asthma/Hayfever Thyroid disease Cancer: _____
 GI problems Lung disease Year of treatment _____
 Other medical conditions: _____
- 9) Are you allergic to any Medications? NO YES Latex? NO YES Lidocaine? NO YES
If yes, please list (include reaction): _____

- 10) List ALL MEDICATIONS and/or NON-PRESCRIPTION DRUGS that you take regularly:
(including aspirin, birth control, vitamins/herbs, creams/lotions, headache, arthritis, sleeping, pain/nerves, etc.)
- 11) Height: _____ feet _____ inches Weight: _____ pounds
- 12) Have you ever smoked? No Yes → Current user Former user Cigarettes Electronic Cigarettes
- 13) Have you ever used smokeless tobacco? No Yes → Current user Former user Snuff Chew
- 14) Have you had a history of extensive sun exposure? No Yes. History of blistering sunburn(s)? No Yes
- 15) Have you used tanning beds? No Yes , I currently use tanning beds, Times/month: _____ for _____ yrs
 I used tanning beds in the past. Last used _____
 I understand that tanning is a carcinogen (causes skin cancer)
- 16) Have you experienced a fall in the last 90 days? No Yes I require assistance during my visit
If yes to either question, we will ask you to wear a wrist band during your visit for your safety.
- 17) Is there someone who will routinely be coming to your appointments with you and/or who you wish us to be able to discuss your medical information with? Yes [] No [] If yes, there is a Consent Form that needs to be completed.
Please ask for one from the front desk staff.

Thank you for your cooperation in completing the above questionnaire.

Signature of Patient/Guardian

Date