CYNTHIA B. YALOWITZ, M.D., F.A.A.D.
Adult and Pediatric Dermatology ***Cosmetic Dermatology***

3 NORTH AVENUE
LARCHMONT, NEW YORK 10538

PHONE: (914) 833-3030, FAX (914) 833-3034
WWW.LARCHMONTDERM.COM

PATIENT NAME: _____

PAST MEDICAL HISTORY PLEASE **CIRCLE** ALL THAT APPLY.

Select any of the following medical conditions that you currently have or have had in the past:

Anxiety	Arthritis	Asthma
Atrial Fibrilation (Irregular Heartbeat)	Bone Marrow Transplantation	BPH (Enlarged Prostate)
Breast Cancer	Colon Cancer	COPD
Coronary Artery Disease	Depression	Diabetes
End Stage Renal Disease	GERD	Hearing Loss
Hepatitis	Hypertension	HIV/AIDS
Hypercholesterolemia (High Cholesterol)	Hyperthyroidism	Hypothyroidism
Leukemia	Lung Cancer	Lymphoma
Prostate Cancer	Radiation Treatment	Seizures
Stroke	None	

Other_____

PAST SURGERIES

Have you had any surgeries on the following organs?

Appendix (Appendectomy)	Bladder (Cystectomy)
Breast: Mastectomy (Right Breast)	Breast: Mastectomy (Left Breast)
Breast: Mastectomy (Both Breasts)	Breast: Lumpectomy (Right Breast)
Breast: Lumpectomy (Left Breast)	Breast: Lumpectomy (Both Breasts)
Breast: Breast Biopsy	Breast: Breast Reduction
Breast: Breast Implants	Colon (Colectomy): Colon Cancer Resection
Colon (Colectomy): Diverticulitis	Colon (Colectomy): Inflammatory Bowel Disease
Gallbladder (Cholecystectomy)	Heart: Coronary Artery Bypass Surgery

PAST SURGERIES (continued)

Heart: PTCA

Heart: Mechanical Valve Replacement

Heart: Biological Valve Replacement

Heart: Heart Transplant

Joint Replacement: Knee (Right)

Joint Replacement: Knee (Left)

Joint Replacement: Knee (Both)

Joint Replacement: Hip (Right)

Joint Replacement: Hip (Left)

Joint Replacement: Hip (Both)

Kidney: Kidney Biopsy

Kidney: Nephrectomy

Kidney: Kidney Stone Removal

Kidney: Kidney Transplant

Ovaries (Oophorectomy): Endometriosis

Ovaries (Oophorectomy): Ovarian Cyst

Ovaries (Oophorectomy) Ovarian Cancer

Prostate (Prostatectomy): Prostate Cancer

Prostate (Prostatectomy): Prostate Biopsy

Prostate (Prostatectomy): TURP

Skin: Skin Biopsy

Skin: Basal Cell Carcinoma

Skin: Squamous Cell Carcinoma

Skin: Melanoma

Spleen (Splenectomy)

Testicles (Orchiectomy)

Uterus (Hysterectomy): Fibroids

Uterus (Hysterectomy: Uterine Cancer

Other_____ None

SKIN DISEASE HISTORY

Have you had any of the following skin conditions?

Acne	Actinic Keratoses	Asthma
Basal Cell Skin Cancer	Blistering Sunburns	Dry Skin
Eczema	Flaking or Itchy Scalp	Hay Fever/Allergies
Melanoma	Poison Ivy	Precancerous Moles
Psoriasis	Squamous cell skin cancer	None

Other_____

Do you wear Sunscreen? YES/NO If yes, what SPF?_____ ***Do you tan in a tanning salon***? YES/NO

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FAMILY HISTORY

Do you have a family history of Melanoma? YES/NO

If yes, which relative?	Mother	Father	Sister	Brother
	Daughter	Son	Uncle	Aunt
	Nephew	Niece	Grandmother	Grandfather
	Grandson	Granddaughter		

MEDICATIONS *Please enter all current medications* (oral, injectable, patch): _____

_____

ALLERGIES/REACTIONS *Please enter all allergies to medications and describe any associated reactions:* _____

_____

SOCIAL HISTORY

Alcohol (EtOH) Intake:

None Less than 1 drink per day 1-2 drinks per day 3 or more drinks per day

Smoking Status:

Current every day smoker Current some day smoker Former smoker

Never smoker Smoker current status unknown Unknown if ever smoked

How often do you exercise?

Several times a day Once a day A few times a week

A few times a month Never

What is your caffeine use?

Several times a day Once a day A few times a week

A few times a month Never

Occupation and Workplace: _____ ***Preferred Language:***_____

Race:

White American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander Other Race

Ethnic Group:

Hispanic or Latino Not Hispanic or Latino Unknown

Preferred phone number: _____ home/cell/work (please specify)

Is it Ok to leave a detailed message? YES/NO

Preferred Pharmacy:

Name_____

Address_____

City _____

Phone_____

Some Local Pharmacies:

CVS Chatsworth Ave	CVS (Wykagyl – New Rochelle)
CVS Ferndale (Near Stop & Shop)	Rye Beach Pharmacy
CVS (Near Staples)	Trotta's (Harrison)
CVS (Pelham Manor)	Walgreens (Near Hommocks)

Thank you for completing the above series of questions, many of which relate to the Electronic Health Records Mandate.

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REVIEW OF SYSTEMS PLEASE **CIRCLE** ALL THAT APPLY.

Select any of the following body system complaints that you currently have:

Problems with bleeding
Problems with healing
Rash
Problems with scarring (hypertrophic or keloid)
Immunosuppression
Hay fever
Chest Pain
Fever or chills
Night sweats
Unintentional weight loss
Thyroid problems
Sore throat
Blurry vision
Abdominal pain
Nausea
Diarrhea
Bloody stool
Bloody urine
Joint aches
Muscle weakness
Neck stiffness
Headaches
Seizures
Cough
Shortness of Breath
Wheezing
Anxiety
Depression
Allergy to adhesive
Allergy to lidocaine
Allergy to topical antibiotic ointments
Artificial heart valve
Artificial joints within past two years
Blood thinners
Defibrillator
MRSA
Pacemaker
Premedication prior to procedures
Rapid heart beat with epinephrine
Pregnancy or planning a pregnancy, nursing
History of melanoma
Other_____