



HEALTH HISTORY QUESTIONNAIRE

PRINT NAME: _____ DOB: _____

CHECK ANY CONDITION YOU CURRENTLY HAVE

	Yes	No		Yes	No
Pregnant or trying to conceive			Active cancer within past year		
Kidney problems			Liver problems		
Told to avoid sunlight			Autoimmune disease		
Lupus erythematosus			Albinism		

CHECK ANY PHOTOSENSITIVE MEDICATIONS THAT YOU TAKE

	Generic medication	Common Brand names
√	amioderone	Aratac Cordarone X Pacerone
	azathioprine	Azasan Imuran
	chlorpromazine	Largactil Sonazine Thorazine
	demeclocycline	Ledermycin
	doxycycline	Doryx Doxycyl Doxytab Viacin Vibramycin
	gold complexes	Auranofin Gold 50 Ridaura
	griseofulvin	Fulvicin Grifulvin V Gris-PEG Grisovin
	isotretinoin	Absorica Accutane Amnesteem Claravis Myorisan Roaccutane Sotret
	lymecycline	Tetralysal
	methotrexate	Folex Mexate Trexall
	minocycline	Cyclimycin Minomycin Minotabs Solodyn
	quinolones (ciprofloxacin, levofloxacin, moxifloxacin, nalidixic acid, norfloxacin)	Avelox Cipro Levaquin Moxeza NegGram Noroxin Vigamox
	Tetracycline (pills or cream)	Achromycin Actisite Diabecline Helidac Pylera Oxytetracycline Sumycin Terra-Cortril Terramycin Tetrex

SIGNATURE: _____ DATE: _____