Humble Dermatology
18980 North Memorial Dr. Ste 200, Humble, TX 77338
Tel. 281-707-6400 Fax. 281-584-6432
customercare@humblederm.com
www.humblederm.com

Past Medical History

Select any of the following medical conditions you currently have:

- ☐ Anxiety
- ☐Arthritis
- ☐Asthma
- ☐Atrial Fibrillation
- ☐Bone Marrow Transplant
- ☐BPH
- ☐Breast Cancer
- ☐Colon Cancer
- ☐COPD
- ☐Coronary Artery Disease
- ☐Depression
- ☐Diabetes
- ☐End Stage Renal Disease
- ☐GERD
- ☐Hearing Loss
- ☐Hepatitis
- ☐Hypertension
- ☐HIV / AIDS
- ☐Hypercholesterolemia
- ☐Hyperthyroidism
- ☐Hypothyroidism
- ☐Leukemia
- ☐Lung Cancer
- ☐Lymphoma
- ☐Prostate Cancer
- ☐Radiation Treatment
- ☐Seizures
- ☐Stroke
- ☐NONE
- ☐Other

Surgical History

Have you had any surgeries on the following organs?

- ☐Breast: Breast Biopsy
- ☐Breast: Lumpectomy (Right, Left, Bilateral)
- ☐Breast: Mastectomy (Right, Left, Bilateral)
- ☐Heart: Mechanical Valve Replacement
- ☐Heart: PTCA
- ☐Joint Replacement:
- ☐Hip (Right, Left, Bilateral)
- ☐Joint Replacement: Knee (Right, Left, Bilateral)
- ☐Kidney: Kidney Biopsy
- ☐Kidney: Kidney Stone Removal
- ☐Kidney: Kidney Transplant
- ☐Kidney: Nephrectomy

Patient's Name: _____

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- ☐ Liver: Hepatectomy
- ☐ Liver: Liver Transplant
- ☐ Live: Shunt
- ☐ Ovaries (oophorectomy): Endometriosis
- ☐ Appendix (Appendectomy)
- ☐ Bladder (Cystectomy)
- ☐ Colon (Colectomy): Colon Cancer Resection
- ☐ Colon (Colectomy): Diverticulitis
- ☐ Colon (Colectomy): Inflammatory Bowel Disease
- ☐ Colon: Colostomy
- ☐ Gallbladder (Cholecystectomy)
- ☐ Heart: Coronary Artery Bypass Surgery
- ☐ Heart: Heart Transplant
- ☐ Ovaries (Oophorectomy): Ovarian Cancer
- ☐ Ovaries (Oophorectomy): Ovarian Cyst
- ☐ Ovaries: Tubal Ligation
- ☐ Pancreas: Pancreatectomy
- ☐ Prostate (Prostatectomy): Prostate Biops
- ☐ Prostate (Prostatectomy:
- ☐ Prostate Cancer Prostate (Prostatectomy): TUR
- ☐ Rectum: APR
- ☐ Rectum: Low Anterior Resection
- ☐ Skin: Skin Biopsy
- ☐ Skin: Squamous Cell Carcinoma
- ☐ Uterus (Hysterectomy): Cervical Cancer
- ☐ NONE ☐ Other

Social History

- ☐ Smoking Status (please choose one):
- ☐ Current every day smoker
- ☐ Current someday smoker
- ☐ Former smoker
- ☐ Never smoker
- ☐ Unknown if ever smoked
- ☐ Start Smoking:
- ☐ Quit Smoking:
- ☐ Number of Packs Per Day: _____
- ☐ Total Years Smoking:

Alcohol Intake (please choose one):

- ○ None ○ 1 or less per day ○ 1-2 per day
- ○ 3 or more per day ○ Other

How often do you exercise? ○ Unspecified

- ○ Several times a day ○ Once a day
- ○ A few times a week ○ A few times a month
- ○ Never ○ Other

What is your caffeine use? ○ Unspecified

- ○ Several times a day ○ Once a day
- ○ A few times a week ○ A few times a month
- ○ Other

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Skin History

Have you had any of the following?

☐Acne	☐Actinic Keratoses	☐Have Fever / Allergies	☐Melanoma
☐Asthma	☐Basal Cell Skin Cancer	☐Poison Ivy	☐Precancerous Moles
☐Blistering Sunburns	☐Dry Skin	☐Psoriasis	☐Squamous Cell Skin Cancer
☐Eczema	☐Flaking or Itchy Scalp	☐NONE	☐Other

☐ Skin: Basal Cell Carcinoma ☐Skin: Melanoma ☐Spleen (Splenectomy) ☐Testicles (Orchiectomy)

☐ Uterus (Hysterectomy): Fibroids ☐Uterus (Hysterectomy): Uterine Cancer

Do you wear Sunscreen? ◯Yes ◯No If yes, what SPF? Do you tan in a tanning salon? ◯Yes ◯No

Do you have a family history of Melanoma? ◯Yes ◯No

If yes, which relative(s): ☐Mother ☐Father ☐ Sister ☐ Brother ☐Daughter ☐Son ☐Uncle

☐Aunt ☐ Nephew ☐Niece ☐Grandmother ☐ Grandfather ☐Grandson ☐Granddaughter ☐Other

Medication History

List all current medications including Herbal & Over-the-counter medications:

Allergies: List all allergies and reactions if known:

Reason for today's visit: _____

_____

Patient's Name: _____