

**Dermatology Consultants Midwest  
Medical History Questionnaire**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for initial visit:** \_\_\_\_\_

**Medical History-** Answer each item. Circle **Y** = yes, **N** = no, **U** = unsure Have you been *diagnosed* with, suffered from, or experienced any of the following?

Hearing problem	Y N U	Cancer	Y N U	Artificial Ht valve	Y N U	Melanoma	Y N U
Glaucoma	Y N U	Diabetes	Y N U	Heart pacemaker	Y N U	Hives	Y N U
Cataracts	Y N U	Thyroid Disease	Y N U	Gonorrhea/Syph	Y N U	Unusual Hair loss	Y N U
Nose bleeds	Y N U	Seizures	Y N U	Genital Herpes	Y N U	Lung Disease	Y N U
Sinus Difficulty	Y N U	Stroke	Y N U	HIV (AIDS virus)	Y N U	Dental Disease	Y N U
Hay Fever	Y N U	Migraines	Y N U	IV Drug use	Y N U	Do/Have smoked	Y N U
Asthma	Y N U	Arthritis	Y N U	Hypertension	Y N U	Drink Alcohol	Y N U
Varicose veins	Y N U	Lupus	Y N U	Heart Disease	Y N U	Regular periods	Y N U
Phlebitis	Y N U	Gout	Y N U	Heart Murmur	Y N U	Birth control pill	Y N U
Peptic Ulcer	Y N U	Mental Illness	Y N U	Irregular pulse	Y N U	Condoms	Y N U
Colitis	Y N U	Depression	Y N U	Eczema	Y N U	Diaphragm	Y N U
Jaundice	Y N U	Tuberculosis	Y N U	Psoriasis	Y N U	IUD	Y N U
Hepatitis	Y N U	Allergy(non-drug)	Y N U	Chronic Rash	Y N U	Other birth cntr'l	_____
Kidney Stone	Y N U	Blood transfusion	Y N U	Abnormal Moles	Y N U	# of pregnancies	_____
Prostate Problem	Y N U	Easy bleeding	Y N U	Skin Cancer	Y N U	# of children	_____
Anemia	Y N U	Artificial joints	Y N U	Abnormal Scars	Y N U	Pregnant now ?	Y N U

Other significant medical condition: \_\_\_\_\_

**Family History-**

		<u>Relation</u>			<u>Relation</u>
Diabetes	Y N	_____	Eczema	Y N	_____
Stroke	Y N	_____	Hay Fever	Y N	_____
Heart Disease	Y N	_____	Allergy(non-drug)	Y N	_____
Hypertension	Y N	_____	Asthma	Y N	_____
Cancer	Y N	_____	Psoriasis	Y N	_____
Skin Cancer	Y N	_____	Abnormal Moles	Y N	_____
Arthritis	Y N	_____	Melanoma	Y N	_____

**Personal-**

<u>Hospital/Surgery</u>	<u>Year</u>

**Are you allergic to any medications?** Y N List: \_\_\_\_\_

**Medications-** List all current medications and all taken in last 3 months. Check if separate or additional sheet [ ]

Medication (also herbals)	Indication (for)	Dates	Medication (also herbals)	Indication (for)	Dates