

Sutton Dermatology + Aesthetics
Health History Form

3337Name: _____

Birth Date: _____

Past Medical History

YES/NO Cancer (other than skin cancer)
YES/NO Cold Sores
YES/NO Depression or anxiety
YES/NO Diabetes
YES/NO Gastrointestinal Illness
YES/NO Hepatitis
YES/NO High Blood Pressure
YES/NO High Cholesterol
YES/NO HIV
YES/NO Pacemaker/Defibrillator
YES/NO Thyroid Disorder
YES/NO Tuberculosis

Skin History

YES/NO Personal history of skin cancer
YES/NO Personal history of melanoma
YES/NO Family history of skin cancer
YES/NO Have you ever used a tanning bed?
YES/NO Do you wear sunscreen consistently?

Primary Care Provider

Current Height & Weight: _____

Allergies and Medications (including supplements & over-the-counter)

Current medications: _____

Medication/food allergies: _____

Do you have a reaction to any of the following? Circle all that apply.

None Rubber/latex Egg (allergy) Milk (allergy) Local anesthetics (e.g., lidocaine)
Epinephrine (allergy or sensitivity) Topical antibiotics (e.g., Neosporin) Surgical tape/bandages

Preferred Pharmacy: _____

Family History

Adopted or Unknown History

Surgical History

YES/NO Arthritis _____
YES/NO Autoimmune Disorders _____
YES/NO Cancer (other than skin) _____
YES/NO Diabetes _____
YES/NO Hay fever, asthma, allergies _____

Social History

Tobacco status: Never tobacco user Former tobacco user Current tobacco user
(incl. vaping/e-cigarettes)
Alcohol use: Never drink alcohol Occasionally drink alcohol Drink alcohol daily
Caffeine use: Never drink caffeine Less than 3 servings/day More than 3 servings/day

For females:

YES/NO Do you take or use any forms of birth control? YES/NO Pregnant or attempting pregnancy

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YES/NO If so, what kind? _____ YES/NO Breastfeeding
Regular menstrual cycles