

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