

Patient's History for visit at Craig G. Burkhardt, MSPH, MD, Dermatologist

Patient Name _____ DOB _____ Date _____

Reason for visit _____

Location on body _____ When did problem begin _____

What prescriptions have been used to treat this problem _____

Are you on Coumadin? _____ **ALLERGIES TO MEDICATIONS** _____

List all prescription drugs you are presently taking _____

MEDICAL HISTORY **SKIN PROBLEMS**

HEARING PROBLEMS	SINUS TROUBLE	ECZEMA	PSORIASIS
GLAUCOMA	HYPERTENSION	RASH	HIVES
NOSE BLEEDS	PHLEBITIS	COLD SORES	
ASTHMA	HEPATITIS	FREQUENT SUN EXPOSURE	
CORONARY HEART DISEASE	CANCER	SKIN CANCER	
HEART MURMUR	DIABETES	MELANOMA	
VARICOSE VEINS	SEIZURES	EXCESSIVE SWEATING	
VENEREAL DISEASE	ANEMIA	EXCESSIVE SCARRING	
HERPES	THYROID DISEASE		
CHLAMYDIA	ARTHRITIS	FEMALES	
GONORRHEA	MENTAL ILLNESS	PREGNANT +/-	BREAST FEEDING
DEPRESSION	FAINT / DIZZY	BIRTH CONTROL	

FAMILY HISTORY

PSORIASIS	CANCER	HAIR LOSS
SKIN CANCER	ASTHMA	ECZEMA
DIABETES	ARTHRITIS	

PAST MEDICAL HISTORY

END STAGE RENAL	HIVES
STROKE	ECZEMA
HEART	PSORIASIS
KIDNEY DISEASE	HERPES
BLEEDING TENDENCIES	COLD SORES
BRUISE EASILY	KELOIDS
ENDOCRINE (GLANDS)	SKIN CANCER
NOSE	HAIR LOSS
AIDS / HIV	LUPUS
DIABETES	EXCESSIVE SWEATING
THYROID	HEMOPHILIA
BLOOD TRANSFUSION	HEPATITIS
DEPRESSION	NERVOUS / ANXIOUS
NEUROLOGY	FAINT / DIZZY
BLOOD CLOTS	

Patient/Guardian's Signature _____

Doctor's review and signature _____