Southern Skies
DERMATOLOGY AND SURGERY

SYSTEMS REVIEW - PERSONAL/FAMILY HISTORY

DATE	PATIENT NAME	CHART NO.

MEDICATION ALLERGIES (Please Check)

❑ Aspirin ❑ Penicillin ❑ Codeine ❑ Morphine ❑ None
❑ Sulfa Drugs ❑ Erythromycin ❑ Tetracycline ❑ Keflex (Cephalosporin) ❑ Other_____

ALLERGIC/IMMUNOLOGIC

	YES	NO
Food, Insect, Jewelry	❑	❑
Ointments, Creams, Lotions, Cosmetics	❑	❑
Hay Fever, Asthma, Sinus, Eyes	❑	❑

Other_____

DO YOU CURRENTLY HAVE OR HAVE YOU HAD ANY FORM OF CANCER?

Skin Cancer	❑	❑
Melanoma	❑	❑

Other_____

HAVE YOU BEEN HOSPITALIZED DURING THE PAST 3 YEARS? ❑ ❑

For What Condition?_____

CARDIOVASCULAR

Blood Pressure	❑	❑
Enlarged Heart (Heart Failure)	❑	❑
Heart Attack	❑	❑
Chest Pain	❑	❑
Irregular Heartbeat	❑	❑
Are you presently taking blood thinners?	❑	❑

If yes, what type
( ) Coumadin ( ) Aspirin ( ) Plavix
( ) Persantine [Dipyridamole] ( ) Ticlid
( ) Other

Do you bleed easy?	❑	❑

RESPIRATORY

Asthma	❑	❑
Emphysema	❑	❑

GASTROINTESTINAL

Ulcer Disease	❑	❑
Colitis or Inflammatory Bowel Disease	❑	❑

GENITOURINARY

Kidney Failure	❑	❑

FEMALE ISSUES

	YES	NO
Miscarriage	❑	❑
Date_____		
Pregnancy	❑	❑
If Yes, How Many Months?_____		
Are You Presently Using Birth Control Pills?	❑	❑

MUSCULOSKELETAL

Arthritis	❑	❑

NEUROLOGICAL

Seizure	❑	❑
Stroke or Paralysis	❑	❑
Tendency to Faint	❑	❑

MENTAL STATUS

Tendency Toward Nerves	❑	❑
Tendency Toward Depression	❑	❑

ENDOCRINE

Thyroid Disorder	❑	❑
Diabetes	❑	❑

HEMATOLOGICAL

Anemia	❑	❑
Bleeding or Clotting Disorder	❑	❑

SOCIAL HISTORY

Do You Smoke Presently?	❑	❑
Do You Consume Alcoholic Beverages?	❑	❑

FAMILY HISTORY

Do any immediate [blood] family members have any of the following (grandparents, mother, father, brothers, sisters, aunts, uncles)? Do not consider yourself.

Hayfever	❑	❑
Drug Allergy	❑	❑
Diabetes	❑	❑
Heart Disease	❑	❑
Bleeding Disorders	❑	❑
Psoriasis	❑	❑
Eczema	❑	❑
Skin Problems	❑	❑
Skin Cancer	❑	❑
Skin Melanoma	❑	❑

Date_____

Signature_____ _____

MEDICATIONS

List all medicines, even if you only take them occasionally: Please include laxatives, tranquilizers, sleeping pills, antihistamines, vitamins, aspirin, pain pills, blood thinners, birth control pills, blood pressure pills, fluid pills, etc.

DATE	MEDICATION	DISCONTINUED

RISK FACTORS	❑ ASPIRIN	❑ BLOOD THINNERS	❑ HD	❑ DM	❑ CIRCULATION	❑ LIPIDS
	❑ COUMADIN	❑ BLEED EASY	❑ HTN	❑ THYROID	❑ LIVER/KIDNEY	❑ ________

At the time of each visit, the medical information was reviewed and corrected where appropriate.

DATE	PAT. INIT.	STAFF INIT.	M.D. INIT.	DATE	PAT. INIT.	STAFF INIT.	M.D. INIT.