

Heidi H. Cole, M.D.

Medical, Surgical, and Cosmetic Dermatology

HEALTH INFORMATION

Name: _____ Telephone: _____

Today's Date: _____ Current Age: _____ Date of Birth: _____

Education (Highest Level Attained): _____

Occupation: _____

Have you ever had a job working outdoors? _____ If yes, what type and how long? _____

MEDICAL HISTORY - Please circle any conditions you have had:

| | | | | | |
|----------------|----------------|----------------------|-----------------|-------------------|---------------------|
| Diabetes | Heart Disease | Cancer (Type: _____) | Stroke | Bleeding Tendency | High Blood Pressure |
| Allergy | Kidney Disease | Nervous Disorder | Tuberculosis | Venereal Disease | Glaucoma |
| Stomach Ulcers | Asthma | Pneumonia | Rheumatic Fever | Hepatitis | Vein Trouble |

Other: _____

PREVIOUS OPERATIONS - Please list giving date:

MEDICATIONS - Please name or otherwise identify medications now used:

Physician Name: _____ Phone Number: _____

HAVE YOU HAD ALLERGIES OR SENSITIVITIES TO ANY MEDICATIONS OR OTHER SUBSTANCES? _____ If yes, please describe: _____

Do you use tobacco now? _____ In the past? _____ Type and daily amount? _____ How Long? _____

Do you use alcoholic beverage? _____ In the past? _____ Type? _____ Weekly Amount? _____ How Long? _____

MENSTRUAL HISTORY (If applicable):

Date of last period: _____ Periods are regular: _____ Irregular: _____

Number of pregnancies? _____ Number of miscarriages? _____ Do you take birth control pills? _____

SKIN HISTORY

Are you Caucasian _____ African American _____ Hispanic _____ Asian _____ Multiracial _____ Other _____

When you go out in the sun, do you - Please choose one:

Always burn, never tan _____ Usually burn, tan difficulty _____ Sometimes burn, usually tan _____ Rarely burn, tan easily _____

Have you ever had skin cancer? _____ If yes, was it melanoma? _____

Has a family member ever had skin cancer? _____ If yes, was it melanoma? _____

Have you ever had moles removed? _____ Do you have any moles which have recently changed color, size or shape? _____

Do you use tanning beds? _____ Lie out in the sun? _____ Use sunscreen? _____

REASON FOR YOUR VISIT: _____

HOW DID YOU LEARN ABOUT OUR PRACTICE:

Referred by physician (give name): _____

Referred by friend (give name): _____

Yellow Pages _____ Insurance Booklet _____ Other _____