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MEDICAL HISTORY

To help evaluate your present, past and future health concerns. PLEASE COMPLETE THE FOLLOWING MEDICAL HISTORY FORM.

Name _____ Date _____

Age: _____ Sex: M F Referred By: _____

Reason for today's visit: _____ Skin Cancer Monitoring CC

Symptoms of today's problem: _____ HPI

Skin areas involved: _____ LOCATION

How long has the problem been present? _____ DURATION

Was there any previous treatment? Yes No When? _____ Type? _____ TIMING

Was a biopsy done? No Yes biopsy done by referring Dr. Other _____ CONTEXT

CHECK ALL THAT APPLY TO TODAY'S PROBLEM

QUALITY

A change in:

- size
 color
 elevation
 hardness
 other
 none

MODIFYING FACTORS

A history of:

- X-ray treatments (not routine dental or chest x-rays)
 UV light treatments
 arsenic exp/treatments
 chronic scar
 immunosuppression
 none

ASSOCIATED SYMPTOMS

- bleeding
 tingling
 pain
 ulceration
 infection
 itching
 other
 none

SEVERITY

- no symptoms
 occasional symptoms
 constant symptoms

SYSTEM REVIEW: Check all that apply regarding your health and add any other important problems.

Allergies to Medication: none list: _____

Current Medications: _____

Skin

- abnormal scarring
 poor healing
 other skin disorders

Hematologic/Lymphatic

- normal
 anemia
 bleeding problems
 enlarged lymph nodes

Constitutional Symptoms

- none
 weight loss
 fever
 other:

Eyes/Ears/Nose/Throat

- normal
 glaucoma
 hearing aid
 plastic surgery

Cardiovascular

- normal
 angina
 artificial heart valve
 pacemaker
 hypertension
 heart attack (when?)

Respiratory

- normal
 asthma
 emphysema
 other lung problems

Gastrointestinal

- normal
 stomach ulcer
 colitis
 liver damage
 other GI problems:

Musculoskeletal

- normal
 arthritis
 artificial joint
 other:

Neurological

- normal
 stroke
 seizures
 other:

Psychiatric

- normal
 depression
 anxiety attacks
 other:

Endocrine

- normal
 diabetes
 thyroid
 kidney disease

Infections

- none
 hepatitis
 HIV/AIDS
 tuberculosis (T.B.)
 other:

PAST HISTORY Previous Skin Cancer: none list location(s): _____

Major illnesses or Hospitalizations: _____

FAMILY HISTORY Skin Cancer: none melanoma basal cell squamous cell List: _____

SOCIAL HISTORY Occupation: _____ Marital Status: Single Married Divorced Widow

Previous sunlight exposure or sunburns: mild moderate extensive tanning bed use Do you wear?: dentures glasses contact lenses

Do you Smoke?: no former yes, packs per day Alcohol: no social/occasional drinking only

Alcohol or drug problems/addictions: no yes, describe: _____

Reviewed: