Heights Dermatology & Aesthetics Center
"Taking Your Skin to Greater Heights"
Dr. Lana McKinley - Dr. Alpesh Desai - Dr. Tejas Desai

Patient Name: _____ **Date:** _____

Past medical History:
(Circle all that apply)

Anxiety
Arthritis
Asthma
Atrial Fibrillation
Bone Marrow Transplantation
Benign Prostate Hyperplasia (BPH)
Breast Cancer
Colon Cancer
COPD
Coronary Artery Disease
Depression
Diabetes
End Stage Renal Disease
GERD
Hearing Loss
Hepatitis
Hypertension
HIV/AIDS
Hypercholesterolemia
Hyperthyroidism
Leukemia
Lung Cancer
Lymphoma
Prostate Cancer
Radiation Treatment
Seizures
Stroke
Other _____

Past Surgeries: (List all with dates)

_____
_____
_____
_____

Skin Disease history:
(Circle all that apply)

Acne
Actinic Keratosis
Asthma
Basal cell skin cancer
Blistering sunburns
Dry skin
Eczema
Flaky or itchy scalp
Hay fever/Allergies
Lupus
Melanoma
Precancerous Moles
Psoriasis
Squamous Cell Skin Cancer
Other:

Social history:

(Circle all that apply)

Current smoker _____packs per day
Former smoker
Never smoker

Other drug use: _____

Family history:

Do you have a family history of melanoma?
If yes, which relative?
_____

Medications:

_____
_____
_____
_____
_____
_____

Drug Allergies:

_____
_____
_____

Flu Vaccine: Yes No Date:_____

Pneumococcal Vaccine: Yes No Date:_____

Alcohol use:

None

Less than 1 drink per day

3 or more drinks per day

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ROS (circle all that you are CURRENTLY experiencing)

Problems with bleeding
Problems with healing
Problems with scarring
Rash
Immunosuppression
Hay fever
Chest pain
Fever or chills
Night sweats
Unintentional weight loss
Thyroid problems
Sore throat
Blurry vision
Abdominal pain
Bloody stool
Bloody Urine
Joint aches
Muscle weakness
Neck stiffness
Headaches
Seizures
Cough
Shortness of breath
Wheezing
Anxiety
Depression

ALERTS (circle all that apply)
Allergy to adhesive
Allergy to lidocaine
Allergy to topical antibiotics ointments
Artificial heart valve
Artificial joints within past two years
Blood thinners
Defibrillator
History of MRSA
Pacemaker
Premedication prior to surgical or dental procedures
Rapid heartbeat with epinephrine
Pregnancy or Planning pregnancy

Patient Name: _____

Patient Signature:_____

Date: _____