

Do you smoke? _____ If yes, what and how often? _____

What is your occupation? _____

What are your hobbies? _____

Skin History:

Have you ever had anesthesia (Lidocaine)? _____ If yes, have you ever had a reaction to Lidocaine? _____

When you are exposed to the sun does your skin (circle one): Tan only Tan and burn Burn

Have you ever had skin cancer? _____ If yes, what type? _____

Has anyone in your family had skin cancer? _____ If yes, who and what type? _____

Do you have a history of any specific skin diseases? _____

Have you had surgery in the last 6 months? _____ If yes, what type? _____

Do you bleed easily or have known bleeding problems with previous skin excisions? _____

Do you premedicate with antibiotics before procedures? _____

Do you have any of the following:

- Mitral valve prolapsed
- Joint replacement
- Pacemaker/defibrillator
- Organ transplant
- Heart defect
- Artificial heart valve
- Heart murmur

What are you here for today? _____

How long has this problem been present? _____

What makes this problem better or worse? _____

What other symptoms has this problem created? _____

Women:

Are you pregnant? _____ If yes, when is your due date? _____

If no, are you planning to become pregnant? _____

Are you currently breast feeding? _____