KNOTT STREET
DERMATOLOGY

Health History Questionnaire

Patient Name: _____ DOB:_____ Date: _____

Have you ever had skin cancer? ☐ Yes ☐ No What type: _____ When: _____

List any major illnesses (i.e. cancers) _____

History of: (**circle** all that apply) Diabetes Stroke/Mini-Stroke Heart Attack High Blood Pressure

Please note the following about family history (check all that apply) If none, please check box here ☐

- ☐ Melanoma Relation: _____ Alive or Deceased?
- ☐ Asthma Relation: _____ Alive or Deceased?
- ☐ Eczema Relation: _____ Alive or Deceased?
- ☐ Seasonal Allergies Relation: _____ Alive or Deceased?

Please Indicate whether you have the following If none, please check box here ☐

- ☐ Artificial heart valve or heart defect since birth
- ☐ Pacemaker or defibrillator
- ☐ Bleeding disorder
- ☐ Difficulty tolerating antibiotics (i.e. nausea)
- ☐ Hepatitis B or C
- ☐ Arthritis (Type if known: _____)
- ☐ Artificial Joint
- ☐ HIV/AIDS
- ☐ Latex allergy
- ☐ Iodine, Betadine, or IV contrast Allergy
- ☐ Nickel Allergy or allergy to jewelry
- ☐ Cosmetic Product Allergy
- ☐ Current sun tanning or tanning bed use
- ☐ Seasonal Allergies
- ☐ Asthma

For Female Patients: ☐ Pregnant ☐ Breastfeeding ☐ Attempting Pregnancy ☐ None

Please answer the following questions regarding health habits:

Alcohol Habits:

Do you drink alcohol? ☐ Yes ☐ No If "**Yes**", please **circle** all that apply:

How often did you have a drink containing alcohol in the past year?

< 1 month 2-4 times a month 2-3 times per week 4 or more times a week

How many drinks did you have on a typical day when you were drinking in the past year?

1-2 3-4 5-6 7-9 10 or more

How often did you have six or more drinks on one occasion in the past year?

Never Less than monthly Monthly Weekly Daily or almost daily

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Smoking Habits:

Please **circle** what applies:

Current Smoker (Answer questions below) **Former Smoker** (Answer last question)

Never Smoker (May skip this section)

If "Current or Former Smoker" Check all that apply:

If 'Current Smoker': How often are you smoking Cigarettes?

- ☐ every day
- ☐ somedays, but not every day

If 'Current Smoker': How many cigarettes a day do you smoke?

- ☐ 5 or less
- ☐ 6-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31 or more

If 'Current Smoker': How soon after you wake up do you smoke your first cigarette?

- ☐ Within 5 min
- ☐ 6-30 min
- ☐ 31-60 min
- ☐ After 60 min

If 'Current Smoker': Are you interested in quitting?

- ☐ Ready to quit
- ☐ Thinking about quitting
- ☐ Not ready to quit

If 'Former Smoker': How long has it been since you last smoked?

- ☐ < 1 month
- ☐ 1-3 months
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ 1-5 years
- ☐ 5-10 years
- ☐ > 10 years