KNOTT STREET
DERMATOLOGY

Health History Questionnaire

Patient Name: _____ 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 answer the following questions regarding health habits:

Do you drink alcohol? ☐ Yes ☐ No

Smoking Habits: (circle what applies) Never Smoker Former Smoker Current Smoker

If current smoker please check all that apply, *never smoker may skip this section:*

- ☐ Current every day smoker
- ☐ Current "some days" smoker
- ☐ Light tobacco smoker (1-9 cigarettes per day, or equal cigar/pipe tobacco)
- ☐ Moderate tobacco smoker (10-19 cigarettes per day, or equal cigar/pipe tobacco)
- ☐ Heavy tobacco smoker (20+ cigarettes per day, or equal cigar/pipe tobacco)

How soon after waking up do you have your first cigarette? (Circle what applies)

Within 5 min of waking 6-30 min after waking 31-60 min after waking after 60 min

Are you interested in Quitting? (circle what applies)

Yes, ready to quit No, not ready to quit Considering quitting

Former Smoker: How long since you last smoke? (circle what applies)

<1 month 1-3 months 3-6 months 6-12 months

1-5 years 5-10 years 10+ years

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