SKIN DISEASE HISTORY (PLEASE CHECK ALL THAT APPLY)

- ☐ ACNE
- ☐ ACTINIC KERATOSES
- ☐ ASTHMA
- ☐ BASAL CELL SKIN CANCER
- ☐ BLISTERING SUNBURNS
- ☐ DRY SKIN
- ☐ ECZEMA
- ☐ FLAKING OR ITCHY SCALP
- ☐ HAY FEVER
- ☐ MELANOMA
- ☐ POISON IVY
- ☐ PRECANCEROUS MOLES
- ☐ PSORIASIS
- ☐ SQUAMOUS CELL SKIN CANCER
- ☐ NONE
- ☐ OTHER_____

DO YOU WEAR SUNSCREEEN? (PLEASE CIRCLE) YES NO

IF YES, WHAT SPF?_____

DO YOU TAN IN A TANNING SALON ? (PLEASE CIRCLE) YES NO

DO YOU HAVE A FAMILY HISTORY OF MELANOMA? (PLEASE CIRLCE) YES NO

IF YES, WHICH RELATIVE(S)? _____

MEDICATION(S): (PLEASE PRINT ALL CURRENT MEDICATIONS)

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ALLERGIES: (PLEASE PRINT ALL CURRENT ALLERGIES)

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