**Brookline Dermatology Associates, PC – Medical History Intake Form**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Todays Date \_\_\_/\_\_\_/\_\_\_\_\_

**Past Medical History (Please circle all that apply)**

Anxiety Coronary Artery Disease Hyperthyroidism

Arthritis Depression Hypothyroidism

Artificial Joints Diabetes Leukemia

Asthma End Stage Renal Disease Lung Cancer

Atrial Fibrillation GERD Lymphoma

BPH Hearing Loss Pacemaker

Bone Marrow Transplantation Hepatitis Prostate Cancer

Breast Cancer Hypertension Radiation Treatment

Colon Cancer HIV/AIDS Seizures

COPD Hypercholesterolemia Stroke

 Valve Replacement

NONE

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Surgical History (please circle all that apply)**

Appendix Removed Kidney Biopsy

Bladder Removed Kidney Removed (Right, Left)

Mastectomy (Right, Left, Bilateral) Kidney Stone Removal

Lumpectomy (Right, Left, Bilateral) Kidney Transplant

Breast Biopsy (Right, Left, Bilateral) Ovaries Removed: Endometriosis

Breast Reduction Ovaries Removed: Cyst

Breast Implants Ovaries Removed: Ovarian Cyst

Colectomy: Colon Cancer Resection Ovaries Removed: Ovarian Cancer

Colectomy: Diverticulitis Prostate Removed: Prostate Cancer

Colectomy: IBD Prostate Biopsy

Gallbladder Removed TURP

Coronary Artery Bypass Skin Biopsy

PTCA Basal Cell Cancer Surgery
Mechanical Valve Replacement Squamous Cell Carcinoma Surgery

Biological Valve Replacement Melanoma Surgery

Heart Transplant Spleen Removed

Joint Replacement, Knee (Right, Left, Bilateral) Testicles Removed (Right, Left, Bilateral)

Joint Replacement, Hip (Right, Left, Bilateral) Hysterectomy: Fibroids

Joint Replacement within the last 2 years Hysterectomy: uterine Cancer

NONE

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_