Wallace of Beverly Hills
DERMATOLOGY
MEDICAL QUESTIONNAIRE

Name _____

Date of Birth _____

Do you have or have you ever had any of the following?

Yes	No	
☐	☐	Skin Cancer/Melanoma
☐	☐	Acne/Accutane
☐	☐	Cold Sores
☐	☐	Keloids/Bad Scars
☐	☐	Eczema/Skin Rashes
☐	☐	Difficulty with Wound Healing
☐	☐	Difficulty with Skin Infections
☐	☐	Psoriasis
☐	☐	Asthma/Hay Fever/Hives/Sinus Problems
☐	☐	Rheumatic Fever
☐	☐	Heart Disease
☐	☐	High Blood Pressure
☐	☐	Heart Murmur/Mitral Valve Prolapse
☐	☐	Artificial Joints, Heart Valve, or Prosthesis
☐	☐	Heart Burn/Ulcers/Gastritis/Reflex
☐	☐	Kidney Disease
☐	☐	Glaucoma
☐	☐	Diabetes
☐	☐	Tuberculosis
☐	☐	Blood-Borne Infections
☐	☐	Autoimmune Disease (Lupus, Rheumatoid Arthritis)
☐	☐	Blood Transfusions Dates _____
☐	☐	Hepatitis - B or C (please circle)
☐	☐	Surgery/Hospitalizations (use back if necessary)

Operation Date Hospital

_____

_____

☐ ☐ Other _____

Have any blood relatives ever had any of the following?

☐	☐	Skin Cancer
☐	☐	Melanoma
☐	☐	Abnormal Moles
☐	☐	Asthma/Hay Fever
☐	☐	Eczema/Skin Rashes
☐	☐	Diabetes
☐	☐	Psoriasis
☐	☐	Other Skin Disease _____

Are you allergic to any medications?
(Please List) If None Check Here ☐

_____

_____

_____

_____

Are you currently taking any medications or vitamin/mineral supplements?
(Please List) If None Check Here ☐

_____

_____

_____

_____

_____

_____

Other Questions:	Yes	No
Are you in good health?	☐	☐
Are you under a physician's care?	☐	☐

If so, for what conditions?

_____

_____

_____

Primary Care Physician

_____

Do you smoke?	☐	☐
Do you sunbathe or use tanning booths?	☐	☐
Do you use antibiotics before surgery or dental work?	☐	☐
Do you bleed easily or bleed for a long time after a cut or extraction?	☐	☐

Females Only

Are you pregnant?	☐	☐
Are you nursing?	☐	☐
Do you take birth control pills?	☐	☐

Name of birth control pills _____

Date of last menstrual period ____/____/_____