

**Patricia L. Norris, M.D.**  
Board Certified Dermatologist  
Physician & Surgeon

**Jill Gifford, P.A.-C**  
Certified Physician Assistant

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Drug/Skin Allergies:**

\_\_\_\_\_ No known drug/skin allergies      \_\_\_\_\_ Poison Oak      \_\_\_\_\_ Latex  
\_\_\_\_\_ Antibiotics (Penicillin, Sulfa, etc.)      \_\_\_\_\_ Iodine      \_\_\_\_\_ Nickel  
\_\_\_\_\_ Lidocaine      \_\_\_\_\_ Tape/Adhesives      \_\_\_\_\_ Skin care/cosmetics: \_\_\_\_\_

Other: \_\_\_\_\_

**Medications: Please include vitamins/supplements/topical products. ◇NONE**

Name of Medication	Dose per Day	Start Date	Reason for Taking

**Medical History: List all past and present medical problems: i.e. skin cancer (when, where, how treated)**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**Surgical/Hospitalization History with dates:**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**Skin History: Please check all that apply to you.**

\_\_\_\_\_ Acne      \_\_\_\_\_ Asthma      \_\_\_\_\_ Autoimmune disease  
\_\_\_\_\_ Athlete's foot      \_\_\_\_\_ Eczema      \_\_\_\_\_ Hives  
\_\_\_\_\_ Nail problems      \_\_\_\_\_ Rosacea      \_\_\_\_\_ Psoriasis  
\_\_\_\_\_ Herpes simplex      \_\_\_\_\_ Pre-skin cancer      \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ Hay fever      \_\_\_\_\_ Dandruff      \_\_\_\_\_

**Where did you grow up?** \_\_\_\_\_

**How much sun exposure have you had?** \_\_\_\_\_ Minimal \_\_\_\_\_ Moderate \_\_\_\_\_ Extreme

**Do you use sunscreen?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Daily      **Do you use a tanning bed?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Past

**Review of Systems: Check all that apply to you.**

\_\_\_\_\_ Organ transplant      \_\_\_\_\_ Bleeding problems      \_\_\_\_\_ Artificial joints  
\_\_\_\_\_ Hepatitis      \_\_\_\_\_ Difficulty healing      \_\_\_\_\_ Thyroid problems  
\_\_\_\_\_ HIV      \_\_\_\_\_ Chronic headaches      \_\_\_\_\_ Scar/Keloids  
\_\_\_\_\_ Pacemaker

**Family History: Skin cancer, psoriasis, eczema, diabetes, lupus, hair problems, etc.**

Relation: \_\_\_\_\_ Condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_