

Ricks Advanced Dermatology

Adolescent/Young Adult
History and Intake Form

Patient Name: _____ DOB: _____
E-mail: _____

Past Medical History: (please circle all that apply)

Acne	Depression	Polycystic Ovary
Anxiety	Hepatitis	Disease
Asthma	High Blood pressure	Seizures
	HIV/AIDS	NONE

Other _____

Past Surgical History: (please circle all that apply)

Appendix Removed	Ovary removed
Kidney Biopsy (Nephrectomy)	Testicles Removed
Kidney Removed (Right, Left)	Hysterectomy: Fibroids
Kidney Stone Removal	Hysterectomy: Uterine Cancer
Kidney Transplant	NONE
Spleen Removed	

Other _____

Skin Disease History: (please circle all that apply)

Acne	Dry Skin/Eczema	Melanoma
Asthma	Flaking or Itchy Scalp	Precancerous Moles
Basal Cell Skin Cancer	Hay Fever/Allergies	Psoriasis
Blistering Sunburns	Lupus	NONE

Other _____

Do you wear Sunscreen? Yes No

If yes, what SPF? _____

Do you tan in a tanning salon? Yes No

Do you have a family history of Melanoma? Yes No

If yes, which relative(s)? _____

Medications: (Please enter all current medications (include dosage))

Allergies: (Please enter all allergies **and** the reaction to that allergy (I.E. rash, shortness of breath, hives))

Social History: (Please circle all that apply)

Cigarette Smoking:

Alcohol Use:

Currently Smokes

Yes/No

Never smoked

Amount: _____

Former Smoker

Other _____

Family History (Only first degree relatives (parents, siblings, children). List any and all known diseases or conditions (I.E. cancer, diabetes and heart disease) and relationship of that individual to you)

Preferred Language: _____

Race:

- American Indian or Alaskan Native
- Asian
- Black/African American
- Native Hawaiian or other Pacific Islander
- White
- Other race _____
- Decline to specify

Ethnic Group:

- Hispanic
- Latino
- Not Hispanic or Latino
- Unknown
- Decline to specify

Primary Care Provider: _____

Preferred Pharmacy Name and Location: _____

Phone#: _____ City or Zip code: _____

ALERTS: (please circle all that apply)

Allergy to Adhesive

Allergy to lidocaine

Allergy to topical antibiotics

Artificial heart valve

Artificial joint replacement

Blood thinners

Defibrillator

MRSA

Pacemaker

Require antibiotics prior to surgery

Rapid heartbeat with epinephrine

Are you pregnant or currently trying
to get pregnant?