



Beebe Dermatology Health Center
Daniel W. Cuzzo, DO FAAD
Melissa Wallace, NP

Patient Medical History Information

Name: _____ DOB: _____ Date: _____

ALLERGIES: _____ Preferred Pharmacy: _____

PCP: _____ Referring Provider: _____

Have you seen a dermatologist in the past? _____ Name: _____

Dermatology History

Please list location on body and year

Basal Cell Skin Cancer _____

Squamous Cell Skin Cancer _____

Melanoma _____

Eczema _____

Psoriasis _____

Hayfever/Seasonal Allergies _____

Urticaria _____

Acne _____

Rosacea _____

Other _____

Past Cosmetic Procedures _____

Please list family history of any of the above

- Do you take any blood thinners (Coumadin, Plavix, Aspirin, etc)? Y/N
 - Which? _____
- Do you have a pacemaker/defibrillator? Y/N
- Special diet? _____
- Smoke? Y/N Quit? Y/N When? _____
- Alcohol? Y/N
- Pregnant? Y/N
- Do you use sun protection (sunscreen/hat)
- Did you have sun exposure when you were younger? NONE/LITTLE/A LOT
- Do you check your skin for changes? Y/N

Past Medical History

1. Heart trouble yes/no
 - a. Type _____
2. Blood pressure yes/no
3. Diabetes yes/no
4. Asthma/Seasonal allergies yes/no
5. Lung/breathing problems yes/no
6. Seizure yes/no
7. Hepatitis/Liver disease yes/no
8. Pancreatic disease yes/no
9. Thyroid disease yes/no
10. Arthritis/joint pain yes/no
11. Bleeding abnormality yes/no
 - a. Blood clots yes/no
12. Stroke/TIA yes/no
13. Urination yes/no
14. Bowels/stomach yes/no
15. Have you had cancer other than skin?
Type _____
Treatment _____
Date _____
16. Unexplained weight change? yes/no
How much? _____
How long? _____

I	White	Always Burns, never tans
II	White	Always Burns, tans minimally
III	White	Burns moderately, tans gradually
IV	Olive	Minimal burning, tans well
V	Brown	Rarely burns, tans darkly
VI	Dark brown	Never burns, tans darkly, black

Dermatology Medications

Please include any ointments, creams, etc. Be sure to include over the counter medications as well.

Name of Drug	Dose	Frequency	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Other Medications

11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

Signature _____ Date _____

Thank you for allowing Beebe Dermatology Health Center to meet your dermatologic needs.

Daniel W. Cuozzo, DO FAAD and Beebe Dermatology Staff