Venice Dermatology Clinic
Bruce Boyd, M.D., Ph.D.
1219 Jacaranda Blvd
Venice, FL. 34292
(941) 484-2250

PATIENT MEDICAL HISTORY (CONFIDENTIAL)

NAME______________________________________ DATE____

WERE YOU REFERRED BY A PHYSICIAN/CLINIC ______NAME___________________________________

REASON FOR YOUR CLINIC VISIT TODAY____

____

MEDICATIONS

List all medications that you are taking. Include over the counter Rx.

MEDICATION NAME	HOW LONG	MEDICATION NAME	HOW LONG

DRUG ALLERGIES:

____
____
____
____

SKIN SENSITIVITIES:

____
____
____

REVIEW OF SYSTEMS & MEDICAL HISTORY

Mark (C) for current problems. Check ( ) box and indicate age when you had any of the following symptoms or diseases.

☐ Hearing Problems
☐ Recent Weight Loss
☐ Nose Bleeds
☐ Hoarseness
☐ Bleed/Bruise Easily
☐ Irreg. Pulse
☐ Palpitations
☐ Pacemaker
☐ Heart Murmur
☐ Difficulty Swallowing
☐ Sinus Problems
☐ Jaundice
☐ Bloody Urine
☐ Blood Transfusions
☐ Artificial Joints

☐ Hypertension
☐ HIV Positive
☐ AIDS
☐ Thyroid Disease
☐ Diabetes
☐ Seizures
☐ Migraine Headaches
☐ Stroke
☐ Mental Illness
☐ Depression
☐ Cancer (list below)
☐ Radiation Therapy
☐ Phlebitis
☐ Tuberculosis
☐ Heartburn/GERD
☐ Anemia
☐ Asthma

☐ Cataracts
☐ Glaucoma
☐ Hay Fever
☐ Gout
☐ Hepatitis
☐ Varicose Veins
☐ Peptic Ulcer Disease
☐ Coronary Heart Disease
☐ Arthritis
☐ Colitis
☐ Kidney Stones

SKIN HISTORY

☐ Eczema ☐ Psoriasis
☐ Abnormal Moles ☐ Hives/Urticaria
☐ Skin Cancer ☐ Unusual Hair Loss
☐ Excessive/large scarring

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Does patient take antibiotics prior to dental work? ☐Yes ☐No
Does patient have artificial joints? ☐Yes ☐No When was surgery?______________________________
Does patient have a heart murmur? ☐Yes ☐No What type?______________________________
Does patient have a history of Hepatitis or being jaundiced (other than newborn)? ☐Yes ☐No
Does patient have a known sensitivity to **epinephrine**? ☐Yes ☐No

SOCIAL HISTORY

Number of siblings ___________ Any sibling(s) with similar condition? ☐Yes ☐No
Any pets? ☐Yes ☐No

FAMILY HISTORY

	Skin Cancer	Melanoma	Asthma/Hay fever	Diabetes	Skin Disorders - Type	
Maternal Grandfather	☐	☐	☐ ☐	☐	☐	
Maternal Grandmother	☐	☐	☐ ☐	☐	☐	
Paternal Grandfather	☐	☐	☐ ☐	☐	☐	
Paternal Grandmother	☐	☐	☐ ☐	☐	☐	
Mother	☐	☐	☐ ☐	☐	☐	
Father	☐	☐	☐ ☐	☐	☐	
Siblings	☐	☐	☐ ☐	☐	☐	
Other	☐	☐	☐ ☐	☐	☐	