YORBA LINDA
DERMATOLOGY

Patient Health Questionnaire

Name: _____

DOB: _____

Past Medical History:

- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Bone Marrow Transplantation
- ☐ BPH (Benign Prostatic Hyperplasia)
- ☐ Breast Cancer
- ☐ Colon Cancer
- ☐ COPD (Emphysema)
- ☐ Coronary Artery Disease
- ☐ Depression
- ☐ Diabetes
- ☐ End Stage Renal Disease
- ☐ GERD (Acid Reflux)
- ☐ Hearing Loss
- ☐ Hepatitis
- ☐ Hypertension
- ☐ HIV/AIDS
- ☐ Hypercholesterolemia
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Leukemia
- ☐ Lung Cancer
- ☐ Lymphoma
- ☐ Prostate Cancer
- ☐ Radiation Treatment
- ☐ Seizures
- ☐ Stroke
- ☐ Other

_____

Past Surgical History (including dates):

_____

_____

_____

Skin Disease History:

- ☐ Acne
- ☐ Actinic Keratoses
- ☐ Asthma
- ☐ Blistering Sunburns
- ☐ Dry Skin
- ☐ Eczema
- ☐ Flaking or Itchy Scalp
- ☐ Hay Fever/Allergies
- ☐ Poison Ivy
- ☐ Precancerous Moles
- ☐ Psoriasis
- ☐ Other:

_____

History of Skin Cancer:

	Location	Year
☐ Basal Cell:		
☐ Squamous cell:		
☐ Melanoma:		
☐ Other:		

☐ Unknown

***PLEASE COMPLETE BOTH SIDES**

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, who? _____

Medications: (Prescription, over-the-counter, and herbal)

Name	Dose

Allergies:

Social History:

Cigarette Smoking:
- ☐ Never smoked
- ☐ Quit: former smoker
- ☐ Current every day smoker
- ☐ Current some day smoker

Alcohol Use:
- ☐ None
- ☐ Less than 1 drink per day
- ☐ 1-2 drinks per day
- ☐ 3 or more drinks per day

Employment:
Employer: _____ Occupation: _____

Review of Systems:
Do you have any of the following?
- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Fever or chills
- ☐ Unintentional weight loss
- ☐ Night sweats
- ☐ Joint aches
- ☐ Headaches

Alerts:
- ☐ Pacemaker
- ☐ Artificial Joints within past 2 years
- ☐ Allergy to latex
- ☐ Premedication prior to procedures
- ☐ Pregnancy or planning a pregnancy
- ☐ Breastfeeding
- ☐ Defibrillator
- ☐ Artificial Heart Valves
- ☐ Allergy to topical ointments
- ☐ Blood Thinners
- ☐ Problems with Scarring/keloids
- ☐ Hepatitis Positive