

MEDICAL HISTORY

<p>Name.....Date.....</p> <p>When did you first notice the condition?</p> <p>If you are concerned about a skin lesion, what have you noticed about it recently?</p> <ol style="list-style-type: none">1) Spreading2) Getting darker or elevated3) Bleeding, ulcerating or crusting4) New satellite lesions5) Tingling or itching <p>Circle which of the following would best describe your skin's reaction to the sun:</p> <ol style="list-style-type: none">1) Always burns easily, never tans2) Usually burns easily, tans with difficulty3) Burns moderately, tans gradually4) Rarely burns, always tans well5) Rarely burns, always tans well6) Never burns <p>When did you last expose the affected area to the sun?</p> <ol style="list-style-type: none">1) More than 3 months ago2) 2-3 months ago3) 1-2 months ago4) less than a month ago5) less than 2 weeks ago <p>How does your face react to the sun?</p> <ol style="list-style-type: none">1) Very sensitive2) Sensitive3) Normal4) Very resistant	<p>Please list all past hospitalizations?</p> <p>Have you had any treatment on your face or on other skin lesions in the past?</p> <p>Surgery ?.....</p> <p>Injections ?.....</p> <p>Laser ?.....</p> <p>Other ?.....</p> <p>When ?.....</p> <p>By whom ?.....</p> <p>How do you rate the treatment so far ?.....</p> <p>Family history.....</p> <p>Do you suffer from any allergies?</p> <p>Are you prone to keloids or cold sores?.....</p> <p>Please list the medications you are taking at present?</p> <p>Any indication of exposure to the AIDS or Hepatitis virus?.....</p> <p>Please provide any further information you feel might be helpful in your treatment.....</p> <p>Signature.....</p>
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