

**PLEASE FILL OUT ENTIRE FORM**

NAME \_\_\_\_\_

**Do you have any of the following?**

- Depression?  Yes  No  
Anxiety?  Yes  No  
Weight loss?  Yes  No  
Fever?  Yes  No  
Weakness?  Yes  No  
Cough?  Yes  No  
Sore throat?  Yes  No  
Nausea?  Yes  No  
Headache?  Yes  No  
Eye problems?  Yes  No  
Swollen glands?  Yes  No  
New or changing moles?  Yes  No  
Other skin problems?  Yes  No

**Do you use any of the following?**

- Alcohol?  Yes  No  
Tobacco?  Yes  No  
Sunscreen?  Yes  No  
Tanning beds?  Yes  No

**Smoking Status (Please circle one)**

Never Smoked      Current Smoker      Former Smoker

**Do you have a family history of the following?**

- Melanoma?       Mother       Father       Siblings  
Other Skin Cancer?       Mother       Father       Siblings

**Do YOU have any of these medical conditions?**

- Diabetes?  Yes  No  
History of melanoma?  Yes  No  
History of skin cancer?  Yes  No  
Artificial joints?  Yes  No  
Artificial valves?  Yes  No  
Heart disease?  Yes  No

Dr. Hall recommends that all new dermatology patients have a comprehensive skin exam.

Do you desire a full skin exam?  Yes  No

If female, are you pregnant?  Yes  No

If female, are you nursing?  Yes  No