

COMPLETE MEDICAL HISTORY QUESTIONNAIRE

Primary or Referring Physician/CC: _____

Past Medical History-

-Medical Problems _____

-Surgical Problems _____

Family History-

Skin Cancer- _____

Skin Diseases- _____

Other Medical Diseases- _____

Social History-

Occupation- _____

Smoking- _____

Alcohol- _____

Substance abuse- _____

Review of Systems- List present problems involving the following organ systems:

___ Head, Ears, Eyes, Nose, Throat- _____

___ Heart & Lungs- _____

___ Stomach & Intestines- _____

___ Genitals & Urinary System- _____

___ Muscles & Bones- _____

___ Nerves & Brain- _____

Medications- _____

Allergies- _____

Patient Signature: _____

Record reviewed by: _____

Michael C. Margulies, M.D.
