

Medical History Questionnaire

Skin Growth / Rash / Acne

Chief Complaint: _____

History of the Present Illness;

What is the location of the acne, growth or rash? _____

How you noticed it? _____ How long? _____

Extended (4 of 6) **Acne**

Any history of prior treatment? _____ Any Response to this treatment? _____

Current Medication? _____

Menstrual Irregularities or taking of any hormones (Birth control pill)? _____

Are you Pregnant? _____ Do you plan to become pregnant soon? _____

Work or home exposure to chemical (pesticides, insecticides)? _____

Any prior episodes of this problem? _____

Extended (4 of 6) **Rash**

Any history of prior treatment? _____ Any response to this treatment? _____

Current medication? _____

What aggravates this condition? _____

Any prior episodes of this problem? _____ Any exposure to any known topical irritants? _____

Extended **Growth**

Does the growth burn/ itch/ sting or bleed? _____ Is the growth enlarging or changing? _____

Any history of prior treatments? _____ Any history of tans/ burns/ injury? _____

Review of Systems:

Problem Acne or Rash

Any history of prior skin problems? _____ Any known allergies of skin sensitivities? _____

Any other problems of the skin, eyes, mouth, genitalia, hair or nails? _____

Any other relevant problems (endocrine or hormonal)? _____

Problem Growth

Any history of prior pre-malignant lesions? ____ Any history of prior malignant lesions? _____

Any history of prior skin surgery? _____

Are there any other skin areas with significant sun damage? _____

Are there other skin, eye, mouth, genital, hair or nail problems? _____

Past Medical, Family and Social History:

Have you had any past history of any other skin diseases? _____

Is there any history of skin disease in your family? _____

Are there similar problems among co-workers in your occupation? _____

Any exposure to cancer causing agents in prior occupations? _____

This record reviewed by: _____

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