



Medical History



Medical History (Pediatric & Adolescent Patients- 18yrs & younger)

Name: _____ Date of Birth: ____-____-____ Today's Date: ____-____-____

Name of referring doctor: _____ Family Doctor/Pediatrician: _____

Child or Teen Patient Attends: Daycare / School /Home School / Stays Home

Any medication allergies or intolerances? Yes No If Yes, please list: _____

What kind of reaction? _____

Peanut or Food Allergies: _____

Any allergy or sensitivity to LATEX? Yes No What kind of reaction? _____

List any medications the patient is taking:

Systems Review:

Has the patient recently had or currently have: Y N Cough Y N Sore throat
Y N Fevers Y N Other illness: _____

Medical History: Has the patient previously had or currently have any of the following?

- | | | |
|----------------------------|---|------------------------|
| Y N Melanoma | Y N Liver Problems | Y N Seizures |
| Y N Biopsied abnormal mole | Y N Other Immune Problems | Y N Depression/Anxiety |
| Y N Other Cancer | Y N Developmental delay | Y N MRSA infection |
| Y N Diabetes | Y N GI problems (ulcers, heartburn, reflux) | Y N Organ transplant |
| Y N Kidney Problems | Y N Autoimmune (thyroid, rheum. Arthritis, lupus) | |

Any other medical conditions:

Has the patient ever had blistering sunburns? Yes No

When the patient is exposed to the sun, does his or her skin (choose one):

- Always burn, never tan (SPT-1) Usually burn, tan lightly (SPT-2)
 Tan well, burn sometimes (SPT-3) Tan darkly, never burn (SPT-4)

Surgery History: Please list any previous surgeries.

Does the patient take antibiotics before teeth cleaning or surgery? Yes No

Family History: Has anyone in the patient's immediate family had any of the following?

If yes, please list their relationship to the patient (ie. Mother, brother, daughter, etc.)

- | | |
|---|---|
| Y N Melanoma: _____ | Y N Basal Cell Carcinoma: _____ |
| Y N Squamous Cell Carcinoma: _____ | Y N Biopsies of abnormal moles: _____ |
| Y N Actinic Keratoses (precancers): _____ | Y N Autoimmune (RA, lupus, thyroid, psoriasis, etc) |

Social History:

Does the patient use sunscreen? Daily When outside for any length of time Often Sometimes Never

Does the patient visit tanning beds? Yes No

(Females Only) Is the patient taking birth control pills? Yes No If yes, please list _____

(Females Only) Any other type of birth control? _____