RUSTAD DERMATOLOGY PC

Troy Rustad MD – Elliott Rustad MD

Health and Skin History

Patient Name _____ Date _____

Past Medical History

Select any medical conditions that you currently have:

- ☐ NONE
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Atrial fibrillation
- ☐ BPH (Benign Prostatic Hypertrophy)
- ☐ Bone Marrow Transplantation
- ☐ Breast Cancer
- ☐ Colon Cancer
- ☐ COPD (Emphysema)
- ☐ Coronary Artery Disease
- ☐ Depression
- ☐ Diabetes
- ☐ End Stage Renal Disease
- ☐ GERD (Reflux)
- ☐ Hearing Loss
- ☐ Hepatitis
- ☐ Hypertension
- ☐ HIV/AIDS
- ☐ Hypercholesterolemia
- ☐ Hyperthyroidism
- ☐ Hypothyroidism
- ☐ Leukemia
- ☐ Lung Cancer
- ☐ Lymphoma
- ☐ Prostate Cancer
- ☐ Radiation Treatment
- ☐ Seizures
- ☐ Stroke
- ☐ Other _____

Past Surgeries

Have you had any surgeries of the following organs?

- ☐ NONE
- ☐ Appendix - Appendectomy
- ☐ Bladder - Cystectomy
- ☐ Breast - Mastectomy, Right Breast
- ☐ Breast - Mastectomy, Left Breast
- ☐ Breast - Mastectomy, Both Breasts
- ☐ Breast - Lumpectomy, Right Breast
- ☐ Breast - Lumpectomy, Left Breast
- ☐ Breast - Lumpectomy, Both Breasts
- ☐ Breast - Breast Biopsy
- ☐ Breast - Breast Reduction
- ☐ Breast - Breast Implants
- ☐ Colon - Colectomy for Colon Cancer
- ☐ Colon - Colectomy for Diverticulitis
- ☐ Colon - Colectomy for Inflammatory Bowel Disease
- ☐ Gallbladder - Cholecystectomy
- ☐ Heart - CABG (Coronary Artery Bypass Surgery)
- ☐ Heart - PTCA
- ☐ Heart - Mechanical Valve Replacement
- ☐ Heart - Biological Valve Replacement
- ☐ Heart - Heart Transplant
- ☐ Joint - Knee Replacement, Right
- ☐ Joint - Knee Replacement, Left
- ☐ Joint - Knee Replacement, Both
- ☐ Joint - Hip Replacement, Right
- ☐ Joint - Hip Replacement, Left
- ☐ Joint - Hip Replacement, Both
- ☐ Kidney – Kidney Biopsy
- ☐ Kidney - Nephrectomy
- ☐ Kidney - Kidney Stone Removal
- ☐ Kidney - Kidney Transplant
- ☐ Ovaries - Oophorectomy for Endometriosis
- ☐ Ovaries - Oophorectomy for Ovarian Cyst
- ☐ Ovaries - Oophorectomy for Ovarian Cancer
- ☐ Prostate - Prostatectomy for Cancer
- ☐ Prostate - Prostate Biopsy
- ☐ Prostate - Prostatectomy (TURP)
- ☐ Skin - Skin Biopsy
- ☐ Skin - Basal Cell Carcinoma
- ☐ Skin - Squamous Cell Carcinoma
- ☐ Skin - Melanoma
- ☐ Spleen - Splenectomy
- ☐ Testicles - Orchidectomy
- ☐ Uterus - Hysterectomy for Fibroids
- ☐ Uterus - Hysterectomy for Uterine Cancer
- ☐ Other _____

Skin Disease History

Have you had any of the following skin conditions?

- ☐ NONE
- ☐ Acne
- ☐ Actinic Keratoses
- ☐ Basal Cell Skin Cancer
- ☐ Blistering Sunburns
- ☐ Dry Skin, Eczema
- ☐ Flaking or Itchy Scalp
- ☐ Hay fever, Allergies
- ☐ Melanoma
- ☐ Poison Ivy
- ☐ Precancerous Moles
- ☐ Psoriasis
- ☐ Squamous Cell Cancer
- ☐ Other ______________________________

Do you wear Sunscreen? ☐ Yes ☐ No If yes, what SPF? _____
Do you tan in a tanning salon? ☐ Yes ☐ No

Family History

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

Allergy:	☐ NONE	☐ Mother	☐ Father	☐ Sister	☐ Brother	☐ Daughter	☐ Son
Diabetes:	☐ NONE	☐ Mother	☐ Father	☐ Sister	☐ Brother	☐ Daughter	☐ Son
Thyroid Disease:	☐ NONE	☐ Mother	☐ Father	☐ Sister	☐ Brother	☐ Daughter	☐ Son

Medications

Please list all current medications (names only, dose is optional): ☐ NONE

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Allergies

Please list all medication allergies, and the type of reaction you have: ☐ NONE

______________________________ ☐ Anaphylaxis ☐ Angioedema ☐ Diarrhea ☐ Fatigue ☐ GI upset ☐ Hives
☐ Liver toxicity ☐ Nausea ☐ Rash ☐ Shortness of Breath ☐ Swelling ☐ Wheal ☐ Other ___________________

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Social History (Required by Federal Law)

- ☐ Current every day smoker
- ☐ Current some day smoker
- ☐ Former smoker
- ☐ Never smoker
- ☐ Unknown

- ☐ Not sexually active
- ☐ Active one partner
- ☐ Active several partners
- ☐ Same sex partner
- ☐ Drug use

- ☐ IV Drug Use

- ☐ Alcohol: none
- ☐ Alcohol: 0-1 I day
- ☐ Alcohol: 1-2 I day
- ☐ Alcohol: 3+ I day

- ☐ Patient feels safe at home
- ☐ Patient feels unsafe at home