PATIENT DERMATOLOGY MEDICAL HISTORY FORM

Please fill out and bring with you on the day of your appointment.

Skin Cancer Center of S.E. Michigan, P.C.
Mark A. Stiff, M.D.
26400 W. 12 Mile Rd. Suite 180
Southfield, MI 48034

To be completed by Skin Cancer Center Staff

Date: _____/_____/_____ Time: _____

Height: _____ Weight: _____

T: _____ P: _____ R: _____ BP: _____

Oriented: Person: ____ Place: ____ Time: ____

PERSONAL INFORMATION

Patient Name: _____ Birthdate: _____ Age: _____

Gender: _____ Reason for today's visit: _____

Primary physician: _____ Referred by: _____

Referring physician phone: (_____)_____ Referring physician fax: (_____)_____

FAMILY HISTORY If a blood relative has suffered any of the following please check the box and indicate which relative.

☐Skin Cancer _____ ☐ Other Cancer _____ ☐ Heart Attack _____ ☐ Stroke _____
☐Hypertension_____☐ Kidney Disease _____ ☐ Mental Illness _____ ☐ Diabetes _____

MEDICATIONS

Are you allergic to any medications? ☐YES ☐NO If yes, list below:

1. _____ 2. _____ 3. _____ 4. _____

Have you ever had dental anesthesia (Novocaine)? ☐YES ☐NO If yes, any bad reaction? ☐YES ☐NO If yes, describe: _____

List all medications you are currently taking (including prescriptions, over-the-counter meds, vitamins, and herbals):

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

MEDICAL HISTORY If you presently have or have ever had any of the conditions below please check appropriate box:

Skin:	**YES**	**NO**
Skin Cancer	☐	☐
History of Skin Disease	☐	☐
Problems with Healing	☐	☐
Develop Keloids (scars) After Surgery	☐	☐
Bleed Easily	☐	☐
Develop Rashes in Reaction To:		
Medications	☐	☐
Food	☐	☐
Environment	☐	☐
Bandages	☐	☐
Topical Ointments	☐	☐
Other	☐	☐
Lungs:		
Bronchitis	☐	☐
Chronic Cough/ Morning Cough	☐	☐
Emphysema	☐	☐
Asthma	☐	☐
Wheezing	☐	☐
Shortness of Breath	☐	☐
Cardiovascular:		
High Blood Pressure	☐	☐
Heart Attack	☐	☐
Chest Pain	☐	☐
Artificial Heart Valve	☐	☐
Pacemaker	☐	☐
Heart Murmur/Irregular Heartbeat	☐	☐
Phlebitis	☐	☐
Inflammation of Vein	☐	☐
Blood Clots	☐	☐

Immunologic:	**YES**	**NO**
Other Cancer	☐	☐
(Type) _____		
Lymphoma	☐	☐
Spleen	☐	☐
Other:		
Vision Loss	☐	☐
Glasses	☐	☐
Contact Lenses	☐	☐
Hearing Aid	☐	☐
Cane/Walker	☐	☐
Wheelchair	☐	☐
Other Systems:		
Diabetes	☐	☐
Excessive thirst/hunger	☐	☐
Amputation	☐	☐
Thyroid Disease	☐	☐
Kidney Disease/ Dialysis	☐	☐
Convulsions, Epilepsy or Seizures	☐	☐
Frequent/Burning/Painful Urination	☐	☐
Yeast infection with antibiotics	☐	☐
Gastrointestinal Issues	☐	☐
Stomach absorptive disorder	☐	☐
Nausea/Vomiting/Diarrhea when taking antibiotics	☐	☐
Fainting	☐	☐
Arthritis/Joint Deformity	☐	☐
Arthralgia	☐	☐
Limited Motion	☐	☐
Artificial Joint	☐	☐

List any other diseases or conditions: _____

If you answered yes to any of the items listed above please provide a detailed explanation: _____

_____

List surgical procedures you have had in the last 12 months: _____

SOCIAL HISTORY	**YES**	**NO**	
Do you drink alcohol?	☐	☐	If yes, _____ drinks per day.
Do you smoke?	☐	☐	If yes, how much do you smoke? _____
Former Smoker?	☐	☐	If yes, how much did you smoke? _____ When did you quit? _____
Do you use IV drugs?	☐	☐	If yes, what? _____ How often? _____
Have you had or been exposed to HIV (AIDS)?	☐	☐	

(Women)
Are you pregnant? ☐YES ☐NO Expected Due Date: ____/____/____

	YES	**NO**
Do you have a living will and/or health care power of attorney?	☐	☐
Did you read the Patient Information Handbook sent to you?	☐	☐
Are you able to manage your own wound care?	☐	☐
If no, do you have someone available to help you?	☐	☐
Are you known to a visiting nurse service? If yes, which one? _____	☐	☐

SKIN CANCER RISK FACTOR QUESTIONNAIRE

1.	Present/former occupation: _____ or ☐ retired		
2.	Is/was your work done mainly: ☐ Indoor ☐ Outdoor		
3.	Do you spend time outdoors other than for work?	☐	☐
4.	Estimated time spent outside: _____hours per day or _____ hours per week.		
5.	Hobbies: _____		
6.	Do you regularly use sunscreen?	☐	☐
7.	Do you desire more information on sunscreens?	☐	☐
8.	Do you regularly use a hat with a brim when in the sun?	☐	☐
9.	Have you ever had sunburn so severe your skin peeled? If yes, how many times _____	☐	☐
10.	Do you have a history of x-ray treatment for acne or other skin conditions? If yes, dates: _____	☐	☐
11.	Have you ever used tanning machines or received ultraviolet B or PUVA therapy?	☐	☐
12.	Have you ever been exposed to arsenic-containing compounds (i.e., insecticides)?	☐	☐
13.	Do you have any pets?	☐	☐

Dated: _____ /s/ _____
Patient

Completed by:
☐Patient
☐Medical Assistant _____
Initials

Reviewed by:

Dated: _____ /s/ _____

_____
Mark A. Stiff, M.D.

MEDICATION INFORMATION FORM

Aspirin interferes with the ability of your blood to clot. If you need a pain medicine, take Tylenol or acetaminophen. A list of aspirin-containing products is below. However, the list may not be all-inclusive, so please read the labels on over-the-counter medications and ask your doctor or pharmacist.

IT IS RECOMMENDED THAT YOU STOP ALL ASPIRIN AND ASPIRIN CONTAINING PRODUCTS 14 DAYS BEFORE SURGERY. HOWEVER, IF YOUR DOCTOR HAS PRESCRIBED ANY OF THE MEDICATIONS LISTED BELOW, PLEASE CONTACT HIM/HER BEFORE YOU DISCONTINUE TAKING THEM.

217
217 strong
Acuprin 81 (aspirin)
Adult Analgesic pain reliever
Alka-Seltzer
Anacin
Analval
Anodynos
Antidol
APAC Improved
APO-ASA
APO-ASEN
Arco Pain
Arthrisin
Arthritis Pain Formula
Artria SR
ASA
ASA Enseals
Ascodeen
Ascriptin
Aspercin
Aspergum
Aspernin
Aspirin
Aspirin with codeine
Aspir-Low
AspirTab
Aspirtab Max
Astone
Astrin
Axotal
Azdone Tablets
Baby Aspirin
B-A-C Tablets
Bayer Aspirin
Bayer Children's cold tablets
BC powder
BC tablets
Buffaprin
Buffasal
Bufferin
Buffets II
Buffex
Buffinol
Butalbital with aspirin
C2
Calmine
Cama Arthritis pain reliever
4-Way cold tablets
Carisopordol tablets
Cephalgesic
Children's aspirin
Congesprin
Cope
Coricidin
Corphen
Coumadin
Damason-P
Darvon Compound
Darvon Compound-65
Darvon with ASA
Darvon-N with ASA
Dasin
Doan's PM
Dolcin
Dolomine
Dolprn #3 tablets
Drinophen
Duradyne
Easprin
Ecotrin
Emagrin
Empirin
Empirin with codeine
Emprazil
Endodan
Entrophen
Equagesic
Equazine-M
Excedrin
Flogesic tablets
Florgen PF
Florinat
Florinal with codeine
Gelpirin tablets
Gemnisyn
Genaced
Genacote
Genprin
Gensan
Goody's extra strength
Goody's Headache powder
Halfprin
Headache tablet
Healthprin
Herbopyrine
Instantine
Isollyl Improved
Kalmex
Lanorinal
Lortab with ASA
Magnaprin
Magsal
Marnal
Measurin
Micrainin
Meprobamate & aspirin
Meprogesic Q
Midol for cramps Max
Midol Original
Mobic
Mobigesic Tabs
Momentum muscular backache formula
Neogesic
Nervine
Night-time Effervescent cold tablets
Norgesic
Norgesic Forte
Norwich-extra-strength aspirin
Novasen
Orphenagesic
Orphenagesic Forte
Oxycodone & aspirin
P-A-C
Pain Aid
Pain reliever tablets
Panasal 5/500
Panodynes
Percodan
Percodan-demi
Persistin
Phonaphen
Phenetron compound
PMS with ASA
Presalin
Propoxyphen
Propoxyphene napsylate with ASA
Quiet World Tablets
Rhinoceps
Robaxisal tablets
Roxiprin
Roxiprin tablets
Salabuff
Salatin
Saleto
Salocol
Sal-Payne
Sine Aid
Sine-off Sloprin
Soma Tablets
Soma with codeine
St. Joseph
Stanback powder
Supac
Synalogs-DC
Talwin compound
Tenol-Plus
Trental
Trigesic
Tri-pain
Trilisate
Ursinus Inlay-Tabs
Valesin
Vanquish
Verin
Wesprin Buffered
Zorprin

THE FOLLOWING ARE OTHER MEDICATIONS THAT ALSO INTERFERE WITH THE ABILITY OF YOUR BLOOD TO CLOT. AGAIN, IF YOUR PHYSICIAN HAS PRESCRIBED ANY OF THESE MEDICATIONS, DO NOT DISCONTINUE THEM WITHOUT YOUR PRESCRIBING DOCTOR'S PERMISSION.

Aches-N-Pain (ibuprofen)
Actiprofen
Actron (Ketoprofen)
Addaprin (ibuprofen)
Advil (ibuprofen)
Advil Cold & Sinus
Aleve (naproxen sodium)
Anaprox (naproxen sodium)
Ansaid (flurbiprofen)
APO-Diclo (diclofenac)
APO-Diflunisal (diflunisal)
APO-Flurbiprofen (flurbiprofen)
APO-Ibuprofen
APO-Indomethacin
APO-Keto (Ketoprofen)
APO-Napro-Na (naproxen sodium)
APO-Naproxen
APO-Piroxicam
APO-Sulin
Arthritis medications
Bayer Select
Butazolidin
Cataflam
Celebrex
Cheracol
Chondroitin sulfate/Glucosamine
Clinoril
CoAdvil
Coricidin
Cotylbutazone
Cramp End
Daypro
Dicifenac
Diflunisal
Dimetapp Sinus
Dipyramidole
Disalcid
Dolgesic (ibuprofen)
Dolobid
Dristan
Dristan Sinus
Duragestic
EC-Naprosyn
Etodalac
Excedrin IB
Feidene
Fenoprofen
Flurbiprofen
Four Way Cold Tablet
Froben (flurbiprofen)
Genpril
Glucosamine/Chondroitin Sulfate
Haltran
Ibiton 600
Ibren
IBU
IBU 200
IBU 400
IBU 600
IBU 800
Ibuprin
Ibuprofen
Ibuprohm
IBU-Tab
Indochron ER
Indocid
Indocin
Indomethacin
Ketoprofen
Lodine
Lovenox
Meclofenamate
Meclomen
Medipren
Menadol
Midol 200
Midol IB
Morgesic
Mortrin
Mortrin IB
Mortrin IB Sinus
Nalfon
Naprelan
Napron X
Naprosyn
Naprosyn E
Naprosyn SR
Naproxen
Naproxen Sodium
Naxen
Novo-Difenac
Novo-Diflunisal
Novo-Flurprofen
Novo-Keto-EC
Novo-Methacin
Novo-Naprox
Novo-Naprox Sodium
Novo-Pirocam
Novo-Profen
Novo-Sundac
Novo-Tolmetin
Nu-Dicto
Nu-Flubiprofen
Nu-Ibuprofen
Nu-Indo
Nu-Naprox
Nu-Pirox
Nuprin
Nu-Sulindac
Orudis
Orudis E
Orudis KT
Orudis SR
Oruvail
Pabcrin
Pain medications other than Tylenol (acetaminophen)
Pamprin-IB
PediaProfen
Pepto Bismol
Persantine
Piroxicam
Plavix
Ponstan
Ponstel
Pradaxa
Q-Profen
Quagesic
Quiet World Tablets
Relafen
Rhodis
Rufen
Saleto-200
Saleto-400
Saleto-600
Saleto-800
Salflex
Sine-Aid IB
Sulindac
Synflex
Synflex SR
Ticied
Tolectin
Tolmetin
Toradol
Trandate
Trendar
Trilisate
Ultraprin
Unipro
Valpro
Viru-Med
Voltaren
Voltaren Rapide
Voltaren SR
Zactrin

Additionally, do not discontinue any regular medications that are not on this list, including Coumadin, Warfarin, Ticlid, Plavix, Persantine (Dipyramidole) unless your primary medical doctor tells you to do so. If you are taking any anti-rheumatoid, arthritic or circulation medications, kindly inform the office. Should you or your physician have any questions or concerns, please contact our office at (248) 355-5047.

Do not use any vitamins or herbal supplements, other than Vitamin C, for fourteen (14) days before surgery.