



ROBERT GRIESHABER, M.D.

EMILY GRIESHABER, M.D.

PAST MEDICAL HISTORY

PATIENT'S NAME _____ APPOINTMENT DATE _____

OCCUPATION _____ DATE OF BIRTH _____

PLEASE CIRCLE ALL THAT MAY APPLY TO YOU

ANXIETY	DEPRESSION	HYPOTHYROIDISM
ARTHRITIS	DIABETES	LEUKEMIA
ASTHMA	END STAGE RENAL DISEASE	LUNG CANCER
ATRIAL FIBRILLATION (IRREGULAR HEARTBEAT)	GERD	LYMPHOMA
BPH	HEARING LOSS	PROSTATE CANCER
BONE MARROW TRANSPLANT	HEPATITIS	RADIATION TREATMENT
BREAST CANCER	HYPERTENSION	SEIZURES
COLON CANCER	HIV/AIDS	STROKE
COPD	HYPERCHOLESTEROLEMIA	OTHER
CORONARY ARTERY DISEASE	HYPERTHYROIDISM	

SKIN SURGERIES

SKIN BIOPSY	SQUAMOUS CELL CARCINOMA
BASAL CELL CARCINOMA	MELANOMA
OTHER SURGERIES	

SKIN DISEASE HISTORY

ACNE	DRY SKIN	POISON IVY
ACTINIC KERATOSIS	ECZEMA	PRECANCEROUS MOLES
ASTHMA	FLAKING OR ITCHING SCALP	PSORIASIS
BASAL CELL SKIN CANCER	HAY FEVER/ALLERGIES	SQUAMOUS CELL SKIN CANCER
BLISTERING SUNBURNS	MELANOMA	



ROBERT GRIESHABER, M.D.

EMILY GRIESHABER, M.D.

FAMILY HISTORY

DO YOU HAVE A FAMILY HISTORY OF MELANOMA?	<input type="radio"/> YES <input type="radio"/> NO	IF YES, WHICH RELATIVE?	
---	---	-------------------------	--

MEDICATIONS

CURRENT MEDICATIONS	
ARE YOU ALLERGIC TO ANY MEDICATIONS	

SOCIAL HISTORY

CURRENTLY SMOKES	HAS SMOKED IN THE PAST	NEVER SMOKED
------------------	------------------------	--------------

ROS (PLEASE CIRCLE ALL THAT MAY APPLY TO YOU)

ANY NEW ALLERGIES	BLOODY URINE	MUSCLE WEAKNESS
RASH	BLURRY VISION	NIGHT SWEATS
CHANGING MOLES	CHEST PAIN	SEIZURES
PROBLEMS WITH BLEEDING	COUGH	SHORTNESS OF BREATH
PROBLEMS WITH SCARRING (HYPERTROPHIC OR KELOID)	DEPRESSION	SORE THROAT
IMMUNOSUPPRESSION	FEVER OR CHILLS	THYROID PROBLEMS
ABDOMINAL PAIN	HEADACHES	UNINTENTIONAL WEIGHT LOSS
ANXIETY	HAY FEVER	WHEEZING
BLOODY STOOL	JOINT ACHES	
OTHER ROS		

ROS CONTINUED

BLOOD THINNERS	RAPID HEART BEAT WITH EPINEPHRINE	ARTIFICIAL JOINTS WITHIN THE PAST TWO YEARS
ALLERGY TO LIDOCAINE	YEAST INFECTIONS WITH ANTIBIOTICS	ARTIFICIAL HEART VALVE
ALLERGY TO TOPICAL ANTIBIOTIC OINTMENTS	DEFIBRILLATOR	PREMEDICATION PRIOR TO PROCEDURES
ALLERGY TO ADHESIVE	PACEMAKER	PREGNANCY OR PLANNING A PREGNANCY