

Azura Skin Care Center, PLLC

Health Information

I. Medical/Surgical History:

Do you have now or have you ever had:

	Yes	No
Hypertension (High Blood Pressure)		
Diabetes (High Blood Sugar).....		
Thyroid (Hypo or Hyper).....		
Asthma/COPD.....		
Tuberculosis.....		
Hay Fever/Seasonal Allergies.....		
Seizures.....		
Stroke or Mini-Stroke.....		
Heart Attack/Disease/Angina.....		
Pacemaker.....		
Heart Murmur/Palpitations.....		
Kidney/Bladder Problems.....		
Prostate Problems.....		
Glaucoma.....		
Hepatitis/Liver Disease.....		
Recurrent Yeast Infections.....		
Bowel Disease/Crohn's/Colitis.....		
Frequent/Severe Headaches.....		
Cancer.....		
Radiation/Chemo.....		
Artificial Joint/Heart Valve.....		
HIV.....		
Other Medical Problem.....		
Prior Surgery.....		

If YES to any above, please explain:

II. Social History:

	Yes	No
Do you currently smoke?		
If yes, how much? _____		
Do you drink alcohol?		
If yes, how much? _____		
Do you use illicit drugs?		
If yes, please describe: _____		
Are you: Single/Married/Divorced/Separated/Partnered		

III. Medications:

List all medications you are taking, including any over-the-counter herbals or vitamins:

IV. Dermatological History:

Do you have now or have you ever had:

	Yes	No
Keloids/Abnormal Scarring.....		
Poor Wound Healing.....		
Accutane Use (past or present).....		
Skin Pigmentation Problems.....		
Reaction to local anesthetics.....		
Cold Sores/Herpes Infections.....		
Eczema.....		
Psoriasis.....		
Abnormal/dysplastic moles.....		
Pre-cancerous spots.....		
Skin Cancer/Melanoma.....		
Skin Cancer/Basal Cell.....		
Skin Cancer/Squamous Cell.....		
Abnormal Cold Sensitivity.....		
Abnormal Sun Sensitivity.....		
Rosacea.....		
Very Sensitive Skin.....		

If YES to any of the above, please explain:

V. Allergies:

	Yes	No
Are you sensitive/allergic to any medication?		
Are you sensitive/Allergic to: Papaya/Almond/Pumpkin/Latex/Sulfa or Benzoyl peroxide?		

Explain if YES:

VI. Family History:

	Yes	No
Do you have a family history of:		
Allergies/Asthma		
Melanoma		
Dysplastic/Atypical moles		
Basal Cell or Squamous Cancer		
Other Skin Disorder		

VII. For Females only

	Yes	No
Excess Facial/Body Hair		
Irregular Menstrual Periods		
Are you pregnant		
Are you nursing		