Advanced Dermatology Northwest ▪ 12815 120TH Ave NE, Ste C, Kirkland, WA 98034 ▪ (425) 821-8843 ▪ FAX: (425) 820-2673

History and Intake Form

Name: _____, _____ **Date of Birth:** _____ **Today's Date:** _____
Last First

Your Height: _____ **Your Weight:** _____ (pounds)

Did you get a flu shot this season? **Yes** ☐ **No** ☐
Have you had a shingles shot? **Yes** ☐ **No** ☐
If you are over 65, have you had a pneumonia shot? **Yes** ☐ **No** ☐

Do you have a durable power of attorney in the event you are unable to make your own medical decisions?
Yes ☐ **No** ☐

Past Medical History: **NONE** ☐

- ☐ Anxiety
- ☐ Irregular heartbeat
- ☐ Benign prostate hyperplasia
- ☐ Coronary artery disease
- ☐ End Stage Renal Disease
- ☐ Hepatitis
- ☐ High cholesterol
- ☐ Leukemia
- ☐ Prostate Cancer
- ☐ Stroke
- ☐ Arthritis
- ☐ Bone marrow transplant
- ☐ Colon Cancer
- ☐ Depression
- ☐ GERD
- ☐ Hypertension
- ☐ Hyperthyroidism
- ☐ Lung Cancer
- ☐ Radiation Therapy
- ☐ Asthma
- ☐ Breast Cancer
- ☐ COPD
- ☐ Diabetes
- ☐ Hearing loss
- ☐ HIV/AIDS
- ☐ Hypothyroidism
- ☐ Lymphoma
- ☐ Seizures

Other: _____

Past Surgical History: **NONE** ☐

- ☐ Appendix Removed
- ☐ Bladder Removed
- ☐ Mastectomy (Right, ☐ Left, ☐ Bilateral ☐)
- ☐ Lumpectomy (Right, ☐ Left, ☐ Bilateral ☐)
- ☐ Breast Biopsy (Right, ☐ Left, ☐ Bilateral ☐)
- ☐ Breast Reduction
- ☐ Breast Implants
- ☐ Colectomy: Colon Cancer Resection
- ☐ Colectomy: Diverticulitis
- ☐ Colectomy: IBD
- ☐ Gallbladder Removed
- ☐ Coronary Artery Bypass
- ☐ Mechanical Valve Replacement
- ☐ Biological Valve Replacement
- ☐ Heart Transplant
- ☐ Joint Replacement, Knee (Right, ☐ Left, ☐ Bilateral ☐)
- ☐ Joint Replacement, Hip (Right, ☐ Left, ☐ Bilateral ☐)
- ☐ Joint Replacement within last 2 years
- ☐ Kidney Biopsy (Nephrectomy)
- ☐ Kidney Removed (Right, ☐ Left ☐)
- ☐ Kidney Stone Removal
- ☐ Kidney Transplant
- ☐ Ovaries Removed: Endometriosis
- ☐ Ovaries Removed: Cyst
- ☐ Ovaries Removed: Ovarian Cancer
- ☐ Prostate Removed: Prostate Cancer
- ☐ Prostate Biopsy
- ☐ TURP (Prostate Removal)
- ☐ Spleen Removed
- ☐ Testicles Removed (Right, ☐ Left, ☐ Bilateral ☐)
- ☐ Hysterectomy: Fibroids
- ☐ Hysterectomy: Uterine Cancer

Other: _____

Skin Disease History: **NONE** ☐

☐ Acne
☐ Actinic Keratoses
☐ Basal Cell Skin Cancer
☐ Blistering Sunburns
☐ Dry Skin
☐ Eczema
☐ Flaking or Itchy Scalp
☐ Hay Fever/Allergies
☐ Poison Ivy
☐ Precancerous Moles
☐ Psoriasis
☐ Melanoma
☐ Squamous cell carcinoma

Other: _____

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

Do you have a family history of Melanoma? Yes ☐ **No** ☐
If yes, which relative(s)? _____

Medications: (Please enter all current medications, including supplements)
_____
_____
_____

Please note: we are not affiliated with Evergreen Hospital, so we do not have access to complete medication list.

Allergies: (Please enter all allergies)
_____
_____
_____

Social History:

Cigarette Smoking:

☐ Currently smokes
☐ Never smoked
☐ Former smoker

Alcohol Use:

☐ None
☐ Less than 1 drink per day
☐ 1-2 drinks per day
☐ 3 or more drinks per day

What are medical conditions that run in your family? (Only first degree relatives)
_____
_____
_____

Preferred Language: _____

Race: _____ Ethnic Group: _____

Review of Systems: Are you currently experiencing any of the following?

Symptom	Yes	No
Problems with bleeding	☐	☐
Problems with healing	☐	☐
Problems with scarring	☐	☐
Rash	☐	☐
Immunosuppression	☐	☐
Hay fever	☐	☐
Chest pain	☐	☐
Fever or chills	☐	☐
Night sweats	☐	☐
Unintentional weight loss	☐	☐
Thyroid problems	☐	☐
Sore throat	☐	☐
Blurry vision	☐	☐
Abdominal pain	☐	☐
Bloody stool	☐	☐
Bloody urine	☐	☐
Joint aches	☐	☐
Muscle weakness	☐	☐
Headaches	☐	☐
Seizures	☐	☐
Cough	☐	☐
Shortness of breath	☐	☐
Depression	☐	☐
Irregular menses (female)	☐	☐

Other Symptoms: _____

ALERTS:

- ☐ Allergy to topical antibiotics
- ☐ Allergy to lidocaine
- ☐ Artificial heart valve
- ☐ Artificial joint replacement
- ☐ Blood thinners
- ☐ Defibrillator
- ☐ Pacemaker
- ☐ Require antibiotics prior to a surgical procedure
- ☐ **If female, are you pregnant or currently trying to get pregnant?**

ONCE COMPLETED, PLEASE EMAIL FORM TO: CONTACTUS@ADVANCEDERMNW.COM