

Skin Disease History

Acne No Yes  
Actinic Keratosis No Yes  
Asthma No Yes  
Basal Cell Skin Cancer No Yes  
Blistering Sunburns No Yes  
Dry Skin No Yes  
Eczema No Yes  
Flaking or itchy scalp No Yes  
Melanoma No Yes  
Poison Ivy No Yes  
Precancerous Moles No Yes  
Other \_\_\_\_\_

Do you wear Sunscreen? No Yes

If yes, what SPF? \_\_\_\_\_

Do you tan in a tanning salon? No Yes

Do you have a family history of Melanoma? No Yes

If yes, which relative? \_\_\_\_\_

Personal History: Do you have the following?

A neuromuscular condition (i.e. myasthenia gravis, multiple sclerosis,

Lambert Eaten syndrome) NO YES

Auto immune disease (i.e. Lupus) NO YES

Currently breastfeeding NO YES

Hepatitis B or C infection NO YES

HIV infection

NO YES

Pregnancy

NO YES