



wedgewood
dermatology

PATIENT HISTORY

NAME: _____

PLEASE DESCRIBE THE REASON YOU ARE COMING IN
TODAY _____

IS THERE ANY FAMILY HISTORY OF SKIN
DISEASE? _____

MEDICATIONS YOU ARE CURRENTLY TAKING (INCLUDING: Aspirin, Tylenol, vitamins, laxatives, creams
and
ointments) _____

ALLERGIES: (food, plants, and/or
other) _____

Medical history and/or any heart valve abnormalities or artificial joints/
surgeries: _____

Have you ever considered a cosmetic procedure? If yes, what
type? _____

Cosmetics you are currently
using: _____

DO YOU SMOKE? Y N YRS OF SMOKING _____

DO YOU DRINK ALCOHOL? Y N DRINKS PER WEEK _____

OCCUPATION _____