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Dermatology and Dermatologic Surgery

PATIENT MEDICAL INFORMATION

PATIENT NAME: _____ DOB: _____

MEDICATION ALLERGIES: _____

CURRENT MEDICATIONS AND VITAMINS: _____

PAST SURGERIES: _____

Please check if you have ever had any of the following:

- Eczema
- Skin Cancer: Type _____ When _____ Dr. Name: _____
- Family history of melanoma
- Other cancers: of what origin? _____
- Keloids or excessive scarring
- Asthma or Emphyzema
- Hay Fever
- Lung Disease
- Tuberculosis
- Heart Disease, murmurs, or rheumatic fever
- High Blood Pressure
- Pacemaker
- Bleeding problems
- Anemia
- Diabetes
- Thyroid Disease
- Stomach ulcers or peptic ulcer disease
- Hepatitis
- Liver Disease
- Lupus Erythematosus
- Seizures or Epilepsy
- HIV or AIDS

Any other medical conditions: _____