

We have a new electronic medical records system and are updating all patient records. Please provide the following information so that we can be sure we have your accurate medications and medical history. Thank you for your cooperation and patience.

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name

date

**Medical Problems:**

**Surgeries:**

**Medications:**

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**Skin History:** (check if yes)

**Allergies:**

- basal cell carcinoma
- squamous cell carcinoma
- melanoma
- actinic keratosis
- blistering sunburn
- someone in family with melanoma
- rosacea
- psoriasis
- other \_\_\_\_\_

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**Other:** (check if yes)

- pacemaker or defibrillator
- allergy to topical antibiotics
- allergy to adhesives
- allergy to lidocaine
- allergy to latex
- need premedication prior to surgical procedures