

SCC PATIENT MEDICAL HISTORY FORM

PERTINENT PATIENT MEDICAL HISTORY

	YES	NO	DATE	Details
ALLERGIC TO EPINEPHRINE				
ALLERGIC TO LATEX				
ALLERGIC TO LIDOCAINE				
ARRHYTHMIA				
CANCER (OTHER)				
DIABETES				
FAMILY HISTORY OF MELANOMA				
HISTORY OF CLL CHRONIC LYMPHOCYTIC LEUKEMIA				
HISTORY OF HEPATITIS				
HISTORY OF MELANOMA				
HISTORY OF SKIN CANCER				
HIV POSITIVE				
HYPERTENSION/HIGH BLOOD PRESSURE				
JOINT REPLACED				
NEW/CHANGING MOLES				
PACEMAKER				
PACEMAKER/DEFIBRILLATOR				
PROSTHETIC HEART VALVE				
SEIZURES				
STROKE				
TAKING BLOOD THINNERS				
TRANSPLANTS				
PREGNANT AND/OR BREASTFEEDING				
OTHER				

Influenza Vaccine (last Flu Shot)				
Pneumonia Vaccine				

Living Will				
Power of Attorney				

	Yes	No	Quantity?	How Often?	
SMOKES TOBACCO PRODUCTS					
USES ALCOHOL PRODUCTS					

PATIENT MEDICATIONS AND ALLERGIES

CURRENT MEDICATIONS

ALLERGIES

Patient Signature

Date

SCC PATIENT MEDICAL HISTORY FORM

Meaningful Use Family History

Patient Name: _____

DOB: _____

Family History	Yes	No	Family Member
Autoimmune Disorders			
Colon Cancer			
Diabetes			
Glaucoma			
High Blood Pressure			
High Cholesterol			
Liver Disease			
Lung Disease			
Malignant Melanoma			
Obesity			
Premature Coronary Heart Disease			
Skin Cancer			
Thyroid Disease			
Unknown- Adopted			

Patient Signature

Date