

# vail | aspen | breckenridge | glenwood dermatology

PO Box 2736 / 1140 Edwards Village Blvd, B200, Edwards, CO 81632 | p. 970.926.9226 f. 970.926.8755

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Would you be interested in having your medications dispensed from Vail Aspen Breckenridge Glenwood Dermatology (for cash pay) through an FDA approved compounding facility if applicable to your appointment?  
Yes / No

## **Past Medical History: (Circle all that apply)**

Anxiety	Hepatitis
Arthritis	Hypertension
Asthma	HIV/AIDS
Atrial Fibrillation (Irregular Heartbeat)	Hypercholesterolemia
Bone Marrow Transplantation	Hyperthyroidism
BPH	Hypothyroidism
Breast Cancer	Leukemia
Colon Cancer	Lung Cancer
COPD	Lymphoma
Coronary Artery Disease	Prostate Cancer
Depression	Radiation Treatment
Diabetes	Seizures
End Stage Renal Disease	Stroke
GERD	Other: _____
Hearing Loss	

## **Past Surgical History: (Circle all that apply)**

Appendix (Appendectomy)	Liver: Transplant
Bladder (Cystectomy)	Liver: Shunt
Breast Biopsy	Ovaries (Oophorectomy): Endometriosis
Breast: Lumpectomy (Both / Left / Right)	Ovaries (Oophorectomy): Ovarian Cancer
Breast: Mastectomy (Both / Left / Right)	Ovaries (Oophorectomy): Ovarian Cyst
Colon (Colectomy): Colon Cancer Resection	Ovaries: Tubal Ligation
Colon (Colectomy): Diverticulitis	Pancreas: Pancreatectomy
Colon (Colectomy): Inflammatory Bowel Disease	Prostate Biopsy
Colon: Colostomy	Prostate Cancer
Gallbladder (Cholecystectomy)	Prostate TURP
Heart: Biological Valve Replacement	Rectum: APR
Heart: Coronary Artery Bypass Surgery	Rectum: Low Anterior Resection
Heart: Heart Transplant	Skin: Basal Cell Carcinoma
Heart: Mechanical Valve Replacement	Skin: Melanoma
Heart: PTCA	Skin: Skin Biopsy
Joint Replacement: HIP (Both / Left / Right)	Skin: Squamous Cell Carcinoma
Joint Replacement: KNEE (Both / Left / Right)	Spleen (Splenectomy)
Kidney Biopsy	Testicles (Orchiectomy)
Kidney: Kidney Stone Removal	Uterus (Hysterectomy): Fibroids
Kidney: Kidney Transplant	Uterus (Hysterectomy): Uterine Cancer
Kidney: Nephrectomy	Uterus (Hysterectomy): Cervical Cancer
Liver: Hepatectomy	Other: _____

# vail | aspen | breckenridge | glenwood dermatology

PO Box 2736 / 1140 Edwards Village Blvd, B200, Edwards, CO 81632 | p. 970.926.9226 f. 970.926.8755

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

## **Skin Disease History: (Circle all the apply)**

- |                        |                           |
|------------------------|---------------------------|
| Actinic Keratosis      | Hay Fever / Allergies     |
| Acne                   | Melanoma                  |
| Basal Cell Skin Cancer | Poison Ivy                |
| Blistering Sunburns    | Precancerous Moles        |
| Dry Skin               | Psoriasis                 |
| Eczema                 | Squamous Cell Skin Cancer |
| Flaking / Itchy Scalp  | Other: _____              |

Do you wear sunscreen? (Circle one) Yes / No If yes, what SPF? \_\_\_\_\_

Do you tan in a tanning salon? (Circle one) Yes / No

Do you have a family history of melanoma (Circle one) Yes / No If yes, which relative(s)?

## **Alerts: Please circle all that apply:**

- |                                |                                  |
|--------------------------------|----------------------------------|
| Allergy to Lidocaine           | MRSA HX                          |
| Allergy to topical antibiotics | New Growths or Lesions           |
| Blood Thinners                 | Pacemaker                        |
| Defibrillator                  | Problems with scarring           |
| Fever / Chills / Night Sweats  | Problems with bleeding           |
| Immunosuppression              | Problems with healing            |
| Malaise                        | Pregnancy or planning pregnancy  |
| Muscle Weakness                | Premedication prior to procedure |
|                                | Other: _____                     |

## **Current Medications:**

- \_\_\_\_\_/Dosage: \_\_\_\_\_
- \_\_\_\_\_/Dosage: \_\_\_\_\_
- \_\_\_\_\_/Dosage: \_\_\_\_\_
- \_\_\_\_\_/Dosage: \_\_\_\_\_
- \_\_\_\_\_/Dosage: \_\_\_\_\_
- \_\_\_\_\_/Dosage: \_\_\_\_\_
- \_\_\_\_\_/Dosage: \_\_\_\_\_

**Do you have any allergy to bee or wasp venom? (circle one) Yes/No**

**Do you have any ALLERGIES to Medications? (Circle one) Yes / No If yes, which medication(s)?**

# vail | aspen | breckenridge | glenwood dermatology

PO Box 2736 / 1140 Edwards Village Blvd, B200, Edwards, CO 81632 | p. 970.926.9226 f. 970.926.8755

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

## **SOCIAL HISTORY (Circle all that apply):**

Cigarette Smoking:    Never                  Former Smoker                  Less than Daily                  Daily

Alcohol Use:                  None                  Less than 1 per day                  1-2 per day                  3 or more per day

\*In the past year, how many times have you had 5 or more drinks for MEN or 4 or more drinks for WOMEN in a 24-HOUR PERIOD? \_\_\_\_\_

Exercise:                  Once a day                  Several times a day                  Few times a week                  Few times a month                  Never

Caffeine Use:                  Once a day                  Several times a day                  Few times a week                  Few times a month                  Never

Occupation: \_\_\_\_\_

Preferred Pharmacy Name: \_\_\_\_\_ / \_\_\_\_\_  
City, State, and Zip Code

Primary Care Provider Name: \_\_\_\_\_ / Location: \_\_\_\_\_

Have you had a Flu Shot? (Circle one)    This Season    Previous Flu Season    Never: I Refuse    I'm Allergic

Do you have a current pneumonia vaccination? (Circle one)    Yes / No

May we leave sensitive information about your treatment on your voicemail? (Circle one)    Yes / No

If yes, please leave phone number here: \_\_\_\_\_

### **Permission to Release Medical Information:**

I authorize Bella Derma Professional LLC to share medical information such as diagnoses, treatments, test results, and any other details of my medical care with the following FAMILY / FRIENDS / INTERESTED PARTY:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_