

**Armstrong Dermatology
and Dermatology Specialists of West Florida**
a Division of Florida Dermatology and Skin Cancer Specialists, PL

Frank T Armstrong, DO
George L Bondar, DO
Cheri Morales, ARNP-c
Whitnie Saron, ARNP-c

Name _____ Date of Birth: _____

Pharmacy Name and Street: _____

Primary Care Physician Name: _____

Height: _____ Weight: _____

Past Medical History: (place X next to any that apply)

- Anxiety
- Arthritis
- Artificial joints
- Asthma
- Atrial fibrillation
- BPH (Benign Prostatic Hyperplasia)
- Bone Marrow Transplantation
- Breast Cancer
- Colon Cancer
- COPD (Emphysema)
- Coronary Artery Disease
- Depression
- Diabetes
- End Stage Renal Disease
- GERD (Acid reflux)
- Hearing Loss
- Hepatitis
- Hypertension
- HIV/AIDS
- Hypercholesterolemia
- Hyperthyroidism
- Hypothyroidism
- Leukemia
- Lung Cancer
- Lymphoma
- Pacemaker
- Prostate Cancer
- Radiation Treatment
- Seizures
- Stroke
- Valve Replacement
- None

Other _____

Past Surgical History: (place X next to any that apply)

- Appendix Removed
- Bladder Removed
- Mastectomy (Right, Left, Bilateral)

- Lumpectomy (Right, Left, Bilateral)
 - Breast Biopsy (Right, Left, Bilateral)
 - Breast Reduction
 - Breast Implants
 - Colectomy: Colon Cancer Resection
 - Colectomy: Diverticulitis
 - Colectomy: IBD
 - Gallbladder Removed
 - Coronary Artery Bypass
 - PTCA (Angioplasty)
 - Mechanical Valve Replacement
 - Biological Valve Replacement
 - Heart Transplant
 - Joint Replacement, Knee (Right, Left, Bilateral)
 - Joint Replacement, Hip (Right, Left, Bilateral)
 - Joint Replacement within last 2 years
 - Kidney Biopsy
 - Kidney Removed (Right, Left)
 - Kidney Stone Removal
 - Kidney Transplant
 - Ovaries Removed: Endometriosis
 - Ovaries Removed: Cyst
 - Ovaries Removed: Ovarian Cancer
 - Prostate Removed: Prostate Cancer
 - Prostate Biopsy
 - TURP (Prostate Resection)
 - Skin Biopsy
 - Basal Cell Cancer Surgery
 - Squamous Cell Carcinoma Surgery
 - Melanoma Surgery
 - Spleen Removed
 - Testicles Removed (Right, Left, Bilateral)
 - Hysterectomy: Fibroids
 - Hysterectomy: Uterine Cancer
 - None
- Other _____

Skin Disease History: (check all that apply)

- Acne
 - Actinic Keratoses
 - Asthma
 - Basal Cell Skin Cancer
 - Blistering Sunburns
 - Dry Skin
 - Eczema
 - Flaking or Itchy Scalp
 - Hay Fever/Allergies
 - Melanoma
 - Poison Ivy
 - Precancerous Moles
 - Psoriasis
 - Squamous Cell Skin Cancer
 - None
- Other _____

Do you wear Sunscreen? Yes No If yes, what SPF? _____

Do you tan in a tanning salon? Yes No

Do you have a family history of Melanoma? Yes No

If yes, which relative(s)? _____

Medications: (enter all current medications and dosages)

NAME

DOSE

FREQ

ROUTE

Allergies: (enter all allergies)

Cigarette Smoking: (check one)

Never Smoked Former Smoker Smokes less than daily Smokes Daily

Alcohol: (check one)

Less than 1x Day 1-2 Per Day More than 3 per day NONE

Language: English Spanish Other: _____

Ethnicity: Non-Hispanic Hispanic/Latino Other: _____

Race: White Black/African American Asian

American Indian or Native Alaskan Native Hawaiian/Pacific Islander

Occupation/Workplace: _____

Have you had the pneumonia vaccine? Yes No When? _____

Have you had the flu vaccine? Yes No When? _____