

# 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