Steve Oberemok M.D., Inc. **PATIENT NAME**____________________

Past Medical History/Surgeries **(Check All That Apply)**

Anxiety _____

Asthma _____

COPD _____

Depression _____

End Stage Renal Disease _____

Hepatitis _____ Type _____

HIV/AIDS _____

Hypothyroidism _____

Hyperthyroidism _____

Radiation Treatment _____

Stroke _____

Seizures _____

Valve Replacement _____

Arthritis _____

Atrial Fibrillation _____

Coronary Artery Disease _____

Diabetes _____

Hearing Loss _____

High Blood Pressure _____

Cancer History/Location(s) __________

____

Past Cancer Surgeries ______________

____

____

Other ___________________________

____

Skin Disease History **(Check All That Apply)**

Acne _____

Dry Skin _____

Flaking or Itching Scalp _____

Hay Fever/ Allergies _____

Blistering Sunburns _____

Psoriasis _____

Do you use sunscreen? Yes ___ No ___

Do you tan in a tanning salon? Yes ___ No ___

Eczema _____

Actinic Keratosis _____

Basal Cell Skin Cancer _____

Squamous Cell Skin Cancer _____

Melanoma _____

Do you have a family history of:

Malignant Melanoma? Yes __ No __

If yes, which relative? _____________

Medications: (Please write all current medications and medication strengths)

____

____

____

____

Allergies: (Please write all drug allergies and reactions)

____

____

Advance Care:
Do you have a health care proxy in the event you are unable to make your own medical decisions?
Yes____ No____

Cigarette Smoking:
Currently _____ In The Past_____

Height: ______________ **Weight:** _______________

Preferred Language: _______________

Preferred Pharmacy Name: ____________________ Phone #: __________________

City or Zip Code: __________________ Cross Streets: __________________________

Alerts (please check all that apply)

Allergy to Adhesive _____

Allergy to Topical Antibiotics _____

Defibrillator _____

Pacemaker _____

Require antibiotics prior to surgical procedure _____

Received Flu Vaccine _____

Allergy to Lidocaine _____

Blood Thinners ____

MRSA _____

Rapid heartbeat with epinephrine _____

Pregnant or trying to get pregnant_____

Received Pneumonia Vaccine _____