OHSU	Oregon Health & Science Hospitals and Clin Department of Derma ADULT HEALTH HISTO	ics tology	MED NAM	OUNT NO. . REC. NO E HDATE		
	Page 1 of 2				Patient Identification	
During my	visit I would like to talk to my	provider about	resear	ch oppor	tunities:	
	Clinical trial	□ Tissue Bank	ing		🗆 Melanoma Comm	unity Registry
REASON F	OR VISIT:					
	ED PHARMACY:					
ALLERGI	ES (please include react					
	□ Allergic to latex [	Allergic to li	docain	е		
	nt Medications (including na	aturonathic) and	d dosar	na: Place	e use senarate nage li	st if necessary
			-	-		-
1.       2.         3.       4.						
5 6						
7.     8.       Are you currently taking     □ Vitamin E     □ Anti-inflammatories     □ Blood thinners     □ Aspirin						
						ners LI Aspirin
•	ke Antibiotics before denta					
Current lo	otions / creams / topical	medications				
						-
	systems: Have you recentl			-	de este el centre	
□ Fever		Headache		□Āb	dominal pain	
□ Fever □ Chills		□ Headache □ Dizziness		□ Ab □ Dia	arrhea	
□ Fever □ Chills □ Night sv	weats	□ Headache □ Dizziness	pain	□ Ab □ Dia □ Na		□ Cough □ Mood change
<ul> <li>Fever</li> <li>Chills</li> <li>Night sy</li> <li>Unexplate</li> </ul>	weats ained weight loss	<ul> <li>Headache</li> <li>Dizziness</li> <li>Joint/bone</li> <li>Vision Cha</li> </ul>	pain nges	□ Ab □ Dia □ Na □ Ge	arrhea usea/vomiting nital/mouth ulcers	☐ Mood change
Fever     Chills     Night sv     Unexpla	weats ained weight loss <u>tory</u> : Current and past hea	<ul> <li>Headache</li> <li>Dizziness</li> <li>Joint/bone</li> <li>Vision Cha</li> </ul>	pain nges	□ Ab □ Dia □ Na □ Ge	arrhea usea/vomiting	☐ Mood change
<ul> <li>Fever</li> <li>Chills</li> <li>Night sv</li> <li>Unexplate</li> <li>Health Hist</li> <li>SKIN DISE</li> </ul>	weats ained weight loss <u>tory</u> : Current and past hea <u>ASE / DISORDERS</u>	<ul> <li>Headache</li> <li>Dizziness</li> <li>Joint/bone</li> <li>Vision Cha</li> </ul>	pain nges	□ Ab □ Dia □ Na □ Ge	arrhea usea/vomiting nital/mouth ulcers	☐ Mood change
<ul> <li>Fever</li> <li>Chills</li> <li>Night sv</li> <li>Unexplate</li> <li>Health Hist</li> <li>Skin DISE</li> </ul>	weats ained weight loss <u>tory</u> : Current and past hea	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems	pain nges <b>Yes</b>	☐ Ab ☐ Dia ☐ Na ☐ Ge <b>No</b>	arrhea usea/vomiting nital/mouth ulcers	☐ Mood change
□ Fever □ Chills □ Night sv □ Unexpla Health Hist Skin Cance Personal of	weats ained weight loss <u>tory</u> : Current and past hea ASE / DISORDERS cer - type/Location	Headache Dizziness Joint/bone Vision Cha Ith problems	pain nges <b>Yes</b>	☐ Ab □ Dia □ Na □ Ge <b>No</b>	arrhea usea/vomiting nital/mouth ulcers <b>Explai</b>	☐ Mood change
<ul> <li>Fever</li> <li>Chills</li> <li>Night sy</li> <li>Unexplate</li> <li>Health Hist</li> <li>Skin Cance</li> <li>Personal of</li> <li>Family hist</li> </ul>	weats ained weight loss <u>tory</u> : Current and past hea ASE / DISORDERS cer - type/Location family history of other s	Headache	pain nges Yes	□ Ab □ Dia □ Na □ Ge <b>No</b>	arrhea usea/vomiting nital/mouth ulcers <b>Explai</b>	□ Mood change n:
<ul> <li>Fever</li> <li>Chills</li> <li>Night sy</li> <li>Unexplate</li> <li>Health Hist</li> <li>Skin Cance</li> <li>Personal of</li> <li>Family hist</li> </ul>	weats ained weight loss <u>tory</u> : Current and past hea <u>ASE / DISORDERS</u> cer - type/Location or family history of other sl story of Skin cancer? Type	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease e? sypical moles	pain nges Yes	□ Ab □ Dia □ Na □ Ge <b>No</b>	arrhea usea/vomiting nital/mouth ulcers <b>Explai</b>	□ Mood change n:
<ul> <li>Fever</li> <li>Chills</li> <li>Night sy</li> <li>Unexplate</li> <li>Health Hist</li> <li>Skin Cance</li> <li>Personal of</li> <li>Family hist</li> <li>Personal for</li> <li>Childhood</li> </ul>	weats ained weight loss <u>tory</u> : Current and past hea ASE / DISORDERS cer - type/Location family history of other st story of Skin cancer? Type history of mole biopsies/At	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease e? sypical moles	pain nges Yes	□ Ab □ Dia □ Na □ Ge <b>No</b> □ □	arrhea usea/vomiting nital/mouth ulcers <b>Explai</b>	□ Mood change n:
<ul> <li>Fever</li> <li>Chills</li> <li>Night sy</li> <li>Unexplate</li> <li>Health Hist</li> <li>Skin Cance</li> <li>Personal of</li> <li>Family hist</li> <li>Personal h</li> <li>Childhood</li> <li>Hay Fever</li> </ul>	weats ained weight loss <u>tory</u> : Current and past hea <u>ASE / DISORDERS</u> cer - type/Location or family history of other sl story of Skin cancer? Type history of mole biopsies/At	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease e? cypical moles tis	pain nges Yes	Ab     Dia     Dia     Na     Ge     No	arrhea usea/vomiting nital/mouth ulcers <b>Explai</b>	□ Mood change n:
<ul> <li>Fever</li> <li>Chills</li> <li>Night sy</li> <li>Unexplate</li> <li>Health Hist</li> <li>SKIN DISE</li> <li>Skin Cance</li> <li>Personal of</li> <li>Family hist</li> <li>Personal f</li> <li>Childhood</li> <li>Hay Fever</li> <li>Family Hist</li> </ul>	weats ained weight loss <u>tory</u> : Current and past hea <u>ASE / DISORDERS</u> cer - type/Location or family history of other sl story of Skin cancer? Type history of mole biopsies/At Eczema / Atopic Dermati r/Seasonal Allergies	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease ? :ypical moles tis /Asthma	pain nges Yes	Ab     Dia     Dia     Na     Ge     No	arrhea usea/vomiting enital/mouth ulcers Explai	□ Mood change
□ Fever □ Chills □ Night sv □ Unexpla Health Hist Skin Cance Personal of Family hist Personal h Childhood Hay Fever Family Hist During the	weats ained weight loss tory: Current and past hea ASE / DISORDERS cer - type/Location family history of other sl story of Skin cancer? Type history of mole biopsies/At Eczema / Atopic Dermati /Seasonal Allergies story of Eczema/Allergies/	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease ? :ypical moles tis /Asthma	pain nges Yes	Ab     Dia     Dia     Na     Ge     No	arrhea usea/vomiting enital/mouth ulcers Explai	□ Mood change
<ul> <li>□ Fever</li> <li>□ Chills</li> <li>□ Night sy</li> <li>□ Unexplay</li> <li>Health His</li> <li>Skin Cance</li> <li>Personal of</li> <li>Family his</li> <li>Personal h</li> <li>Childhood</li> <li>Hay Fever</li> <li>Family His</li> <li>During the</li> <li>eczema of</li> <li>Psoriasis</li> </ul>	weats ained weight loss tory: Current and past hea ASE / DISORDERS cer - type/Location or family history of other sl story of Skin cancer? Type history of mole biopsies/At Eczema / Atopic Dermati r/Seasonal Allergies story of Eczema/Allergies/ e past 12 months have you r any kind of skin allergy?	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease ? :ypical moles tis /Asthma	pain nges Yes	Ab Dia Na Ge No	arrhea usea/vomiting enital/mouth ulcers Explai	□ Mood change
<ul> <li>□ Fever</li> <li>□ Chills</li> <li>□ Night sy</li> <li>□ Unexplay</li> <li>Health His</li> <li>Skin Cance</li> <li>Personal of</li> <li>Family his</li> <li>Personal h</li> <li>Childhood</li> <li>Hay Fever</li> <li>Family His</li> <li>During the</li> <li>eczema of</li> <li>Psoriasis</li> <li>Scar/histo</li> </ul>	weats ained weight loss <u>tory</u> : Current and past hea <u>ASE / DISORDERS</u> cer - type/Location or family history of other sl story of Skin cancer? Type history of mole biopsies/At Eczema / Atopic Dermati r/Seasonal Allergies story of Eczema/Allergies/ e past 12 months have you r any kind of skin allergy? ry of keloids	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease ? :ypical moles tis /Asthma	pain nges Yes	Ab Dia Na Ge No	arrhea usea/vomiting enital/mouth ulcers Explai	□ Mood change
<ul> <li>□ Fever</li> <li>□ Chills</li> <li>□ Night sy</li> <li>□ Unexplay</li> <li>Health His</li> <li>SKIN DISE</li> <li>Skin Cance</li> <li>Personal of</li> <li>Family his</li> <li>Personal h</li> <li>Childhood</li> <li>Hay Fever</li> <li>Family His</li> <li>During the</li> <li>eczema of</li> <li>Psoriasis</li> <li>Scar/histo</li> <li>Autoimmi</li> </ul>	weats ained weight loss tory: Current and past hea ASE / DISORDERS cer - type/Location or family history of other sl story of Skin cancer? Type history of mole biopsies/At Eczema / Atopic Dermati /Seasonal Allergies story of Eczema/Allergies/ e past 12 months have you r any kind of skin allergy? ry of keloids une disease	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease ? sypical moles tis /Asthma µ been told by	pain nges Yes	Ab Dia Na Ge No	arrhea usea/vomiting enital/mouth ulcers Explai	□ Mood change
□ Fever □ Chills □ Night sv □ Unexpla Health His: SKIN DISE Skin Cance Personal of Family his Personal h Childhood Hay Fever Family His During the eczema of Psoriasis Scar/histo Autoimmu (Sclerode	weats ained weight loss tory: Current and past hea ASE / DISORDERS cer - type/Location family history of other sl story of Skin cancer? Type history of mole biopsies/At Eczema / Atopic Dermati /Seasonal Allergies story of Eczema/Allergies/ e past 12 months have you r any kind of skin allergy? ry of keloids une disease erma, rheumatoid arthritis,	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease ? sypical moles tis /Asthma µ been told by	pain nges Yes	Ab Dia Na Ge No	arrhea usea/vomiting enital/mouth ulcers Explai	□ Mood change
□ Fever □ Chills □ Night sv □ Unexpla Health His Skin Canc Personal of Family his Personal h Childhood Hay Fever Family His During the eczema of Psoriasis Scar/histo Autoimmu (Sclerodo	weats ained weight loss <u>tory</u> : Current and past hea <u>ASE / DISORDERS</u> cer - type/Location or family history of other sl story of Skin cancer? Type history of mole biopsies/At Eczema / Atopic Dermati r/Seasonal Allergies story of Eczema/Allergies/ e past 12 months have you r any kind of skin allergy? ry of keloids <u>une disease</u> erma, rheumatoid arthritis, myositis, or other)	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease ? sypical moles tis /Asthma µ been told by	pain nges Yes	Ab Dia Na Ge No	arrhea usea/vomiting enital/mouth ulcers Explai	□ Mood change
□ Fever □ Chills □ Night sy □ Unexpla Health His: SKIN DISE Skin Cance Personal of Family his Personal f Childhood Hay Fever Family His During the eczema of Psoriasis Scar/histo Autoimmon (Sclerodo Dermato Eye probl	weats ained weight loss tory: Current and past hea ASE / DISORDERS cer - type/Location or family history of other sl story of Skin cancer? Type history of mole biopsies/At Eczema / Atopic Dermati r/Seasonal Allergies story of Eczema/Allergies/ e past 12 months have you r any kind of skin allergy? ry of keloids une disease erma, rheumatoid arthritis, myositis, or other) lems / disorders	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease ? :ypical moles tis (Asthma µ been told by lupus,	pain nges Yes	Ab Dia Na Ge No	arrhea usea/vomiting enital/mouth ulcers Explai	□ Mood change
□ Fever □ Chills □ Night sv □ Unexpla Health His Skin Cance Personal of Family his Personal h Childhood Hay Fever Family His During the eczema of Psoriasis Scar/histo Autoimmo (Sclerodo Dermato Eye probl Ears, Nos	weats ained weight loss <u>tory</u> : Current and past hea <u>ASE / DISORDERS</u> cer - type/Location or family history of other sl story of Skin cancer? Type history of mole biopsies/At Eczema / Atopic Dermati r/Seasonal Allergies story of Eczema/Allergies/ e past 12 months have you r any kind of skin allergy? ry of keloids <u>une disease</u> erma, rheumatoid arthritis, myositis, or other)	☐ Headache ☐ Dizziness ☐ Joint/bone ☐ Vision Cha Ith problems kin disease e? cypical moles tis (Asthma µ been told by lupus, isorders	pain nges Yes	Ab Dia Na Ge No	arrhea usea/vomiting enital/mouth ulcers Explai	□ Mood change

Oregon Health & Science University Hospitals and Clinics Department of Dermatology ADULT HEALTH HISTORY	ACCOUNT NO. MED. REC. NO. NAME BIRTHDATE			
Page 2 of 2	Yes	No	Patient Identification	
	res	NO	Explain:	
Respiratory disease / disorders				
COPD/Emphysema/Asthma	_	_		
<u>Renal (Kidney) Disease / problems</u> Genital / urinary problems				
Cardiovascular (heart disease)				
Angina / Heart Attack				
Prosthetic Valve				
Hypertension Pacemaker				
Hepatic (Liver) Disease/Problems				
Hepatitis / B OR C				
Cancer (other than skin cancer)				
Muscle or Bone Disorders/Disease				
Artificial Joint / Date of Surgery Arthritis (type?)				
Neurological Disorders/problems				
Transplant_	П		Type:Year:	
Endocrine disease (type?)			.ypoour	
Diabetes				
Thyroid				
Psychiatric Disease/disorder				
HIV / AIDS				
Social History: Occupation				
Alcohol use			how often	
Tobacco use (current)			pk/day	
Tobacco use (past) Other drugs			pk/day	
Are you currently pregnant / breastfeeding?				
Do you live alone?				
Are you married? Do you have children?				
Any other health problems/concerns				
Significant family medical history				
Patient Signature:			Date:	
Reviewed By:			Date:	