Welcome to Affiliated Dermatologists, S.C. Medical History

Name: _____ Acct #: _____ _____
Provider

Date: _____

Drug Allergies

_____

_____

_____

_____

_____

Other Allergies

_____

_____

Current Medication – including birth control pills & any over the counter supplements

_____

_____

_____

_____

_____

Do you need to take antibiotics before dental work? ( ) Yes ( ) No

Do you have now, or have you ever had:

	Yes	No		Yes	No
Asthma	( )	( )	High Blood Pressure	( )	( )
Heart Attack	( )	( )	Heart Murmur	( )	( )
Kidney Disease	( )	( )	Diabetes	( )	( )
Ulcers	( )	( )	History of Tuberculosis	( )	( )
HIV	( )	( )	History of Skin Cancer	( )	( )
Joint Replacement	( )	( )	Pacemaker	( )	( )
When?	_____		Hepatitis B	( )	( )
			Hepatitis C	( )	( )

Other Medical Conditions – Please Explain: _____

_____

_____

_____

Updated: _____ _____ _____ _____

_____ _____ _____ _____ _____

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