

**NORTHERN ARIZONA DERMATOLOGY**

**MEDICATION AND MEDICAL HISTORY UPDATE**

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_/\_\_\_/\_\_\_

**DOB:** \_\_\_/\_\_\_/\_\_\_

**Name and phone # of primary care provider:**

\_\_\_\_\_

Any recent illness/new condition (since your last visit):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any surgeries (since your last visit):

\_\_\_\_\_  
\_\_\_\_\_

*CURRENT* list of prescription medications:

Medication / dose

_____	_____
_____	_____
_____	_____
_____	_____

*CURRENT* list of over the counter medications or supplements:

Medication / dose

_____	_____
_____	_____
_____	_____
_____	_____

List all medication *ALLERGIES*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

History of skin cancer: YES \_\_\_\_\_ NO \_\_\_\_\_

Type: Basal cell \_\_\_\_\_ Squamous Cell \_\_\_\_\_ Melanoma \_\_\_\_\_