

Medical History

Please take the time to fill in the following information to enable us to provide the best possible outcome.

Name.....Date of Birth Age.....

Occupation current/past

Living situation: spouse/partner, parents, children, other.....

Independent, support (meals, cleaning, shopping), retirement village, hostel, nursing home

Current problem.....

Previous skin cancer BCC SCC Melanoma Other.....

Treatment: surgery, radiation, "freezing", Efudix/Aldara cream, other.....

Previous skin problems (acne, psoriasis, eczema) and treatment, including laser.....

Family history of skin disease (skin cancer, acne, eczema, psoriasis)

Family history of other disease.....

Allergies or sensitivities: eg medications, antibiotics (eg penicillin), anaesthetic, ointments/creams, tapes YES NO

Do you smoke YES NO Ex-smoker - If YES, how many per day?.....

Medical History - Please tick YES box if you have or have ever had the following:

Impairments:

Deafness/ Hearing Impaired Blindness/ Vision Impaired

Dementia.....

Require assistance or mobility aid.....

Falls in the last 6 months – specify.....

Medical problems- please give specialist's name:

Heart disease – heart attack, angina, stents, bypass surgery, abnormal rhythm, heart valve

Implanted Device – Cardiac Pacemaker or **Defibrillator**, Loop recorder, Cochlear Implant, Nerve stimulator.....

Vascular grafts eg aorta, legs.....

High blood pressure.....

Lung disease - asthma, chronic bronchitis, emphysema, sleep apnoea.....

"Allergic diseases"- asthma, hayfever, eczema.....

Stroke or TIAs.....

Epilepsy or fainting.....

Diabetes: type I/type II/ **insulin** treatment (please circle).....

Joint replacement – knee / hip / other and date

Internal Cancer- type and treatment.....

- Blood disorders** – Leukaemia / lymphoma / anaemia / other.....
- Blood clot in lungs / legs – specify.....
- Hepatitis A / B / C / HIV / TB.....
- Major surgery.....
- Mental Health – anxiety / depression – specify.....
- Currently **Pregnant or breastfeeding**.....
- Polycystic ovary syndrome.....
- Other Illnesses

Potential or previous surgical problems:

- Bleeding Disorder**—including post-operative bleeding, nose bleeds, easy bruising, heavy periods, bleeding after child birth, dental extractions or a family history of a bleeding disorder.....
- Wound problems** – infections, poor healing, poor scarring, including keloids.....
- Multi-resistant Organisms (MRO)** eg. MRSA / VRE / CRE - active or cleared.....
- Pressure ulcers or damage / any other wounds – specify.....

Current medications -Please tick box if YES and give **NAME/S**

- Blood Pressure.....
- Heart.....
- Diabetes- **insulin** / metformin / other-
- Blood thinners**, including Aspirin, Clopidogrel (Plavix, Iscover, Piax), Co Plavix, Ticagrelor (Brilinta), Asasantin, Persantin, Warfarin, Dabigatran (Pradaxa), Rivaroxaban (Xarelto), Apixaban (Eliquis),
- Arthritis / Anti-inflammatory Drugs.....
- Cortisone / Prednisolone.....
- Immunosuppressants**- cyclosporin, azathioprine, cyclophosphamide, methotrexate, tacrolimus, mycophenolate.....
- Biologics- infliximab, adalimumab, ustekinumab, dupilumab, secukinumab.....
- Antidepressants, anti-anxiety medications.....
- Current/previous – Roaccutane/Accutane/Oratane/isotretinoin and treatment dates
- Health supplements – fish oil, garlic, vitamin E, ginkgo biloba, ginseng.....
- All other medications – please list

SIGNED:.....DATE:.....

UPDATED:.....DATE:.....UPDATED:.....DATE:.....

UPDATED:.....DATE:.....UPDATED:.....DATE:.....