RYAN P. O'QUINN, MD

PLEASE COMPLETE THE FOLLOWING MEDICAL HISTORY FORM

Name _____ Age _____ Sex □ M □F Date _____

Home Phone # _____ Work Number _____

Emergency contact name and phone # _____
Reason for today's visit □ Mohs □ Checkup □other: _____ Referred by □ self / friend □Dr. _____

History of today's problem only: □ NO PROBLEM TODAY WEIGHT _____ LBS HPI
Skin areas involved _____ LOCATION
How long has the problem been present? _____ DURATION
Was a biopsy done? □ No □Yes □ biopsy done by referring doctor □Other _____ CONTEXT
Was there any treatment? □ No □Yes When?_____ Type?_____ TIMING

CHECK ALL THAT APPLY TO TODAY'S PROBLEM □ NOT APPLICABLE

Quality
A change in:
- □ size
- □ color
- □ elevation
- □ hardness
- □ other _____
- □ none

Modifying Factors
A history of:
- □ X-Ray treatments (not routine dental or chest x-rays)
- □ UV light treatments
- □ arsenic exp/treatments
- □ chronic scar
- □ immunosuppression
- □ none

Associated Symptoms
- □ bleeding
- □ tingling
- □ pain
- □ ulceration
- □ infection
- □ itching
- □ other _____
- □ none

Severity
- □ no symptoms
- □ occasional symptoms
- □ constant symptoms

SYSTEM REVIEW Check all that apply regarding your health and add any other important problems

ALLERGIES TO MEDICATIONS: □ NONE □ yes / list: _____

CURRENT MEDICATIONS: □ NONE □ yes / list: _____

_____

_____ □ Aspirin / blood thinners – last taken: _____

SKIN
- □ abnormal scarring/keloids
- □ poor healing
- □ other skin disorders: _____

HEMATOLOGIC/LYMPHATIC
- □ normal
- □ blood transfusions
- □ bleeding problems
- □ enlarged lymph nodes

CONSTITUTIONAL SYMPTOM
- □ none
- □ weight loss
- □ fever
- □ other:_____

EYES/EARS/NOSE/THROAT
- □ normal
- □ glaucoma
- □ hearing aid
- □ plastic surgery: _____

CARDIOVASCULAR
- □ normal
- □ coronary artery disease
- □ angina
- □ artificial heart valve
- □ pacemaker
- □ high blood pressure

RESPIRATORY
- □ normal
- □ COPD
- □ asthma
- □ emphysema
- □ other lung problems: _____

GASTROINTESTINAL
- □ normal
- □ GERD/Reflux
- □ stomach ulcer
- □ colitis
- □ other GI problems _____

MUSCULOSKELETAL
- □ normal
- □ arthritis
- □ artificial joint
- □ other: _____

NEUROLOGICAL
- □ normal
- □ stroke
- □ seizures
- □ other:_____

PSYCHIATRIC
- □ normal
- □ depression
- □ anxiety attacks
- □ other: _____

ENDOCRINE
- □ normal
- □ diabetes
- □ thyroid
- □ other: _____

INFECTIONS
- □ none □ other: _____
- □ hepatitis
- □ HIV / AIDS
- □ tuberculosis (T.B.)

PAST HISTORY

PREVIOUS SKIN CANCER □ See Chart □ none □ yes / list: Location / Date _____

Major Illnesses or Hospitalizations: □ none □ yes / list: _____

FAMILY HISTORY SKIN CANCER □ none □ basal cell □ squamous cell □ melanoma List _____

SOCIAL HISTORY Occupation: _____

Do you wear: □ Dentures □ Glasses □ Contact Lenses □ Partials **Smoking:** □ no □ former □ yes, packs per day _____

Alcohol: □ no □ social /occasional drinking only **Alcohol or drug problems / addictions:** □ none □ yes / describe _____

(Office use only) * No other changes in ROS, Past, Family & Social History as of:_____ *CONFIRMED BY:_____

THIS SIDE FOR OFFICE USE ONLY

__ Erythematous
__ Pearly
__ Waxy
__ Depressed
__ Elevated
__ Ulcerated
__ Eroded
__ Crusting
__ Pigmented

__ Macule
__ Patch
__ Papule
__ Plaque
__ Nodule
__ Tumor
__ Mass

PHYSICAL EXAM

BODY AREAS

- HEAD……. □ normal
- NECK……. □ normal
- CHEST / AXILLA…. □ normal
- BACK…….. □ normal
- ABDOMEN……. □ normal
- GROIN / BUTTOCKS.. □ normal
- EXTREMITIES…… □ normal
- LYMPHATIC…….. □ normal

ABNORMALITIES

□ _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____
□ _____

Assistant: Pre-Op _____
Reconstruction _____

ASSESSMENT

Pathology: □ reviewed outside reports □ bx'd inhouse

LESION	SITE	DX	P	R	# LAYERS	FINAL SIZE

Proposed wound management: □ Bandage □ Repair _____ □ other_____
Name: _____ □ N □ R Date: _____
Ryan P. O'Quinn _____M.D.

Revised 12/10/04

Dictated ☐