Henry Wiley III, MD PA
1425 S. Howard Ave.
Tampa FL 33606
Office: 813-253-2635

DATE:_____

PATIENT NAME:_____ **DOB:**_____

ETHNIC GROUP: (please check any that apply)

☐White ☐African America ☐Hispanic Other:_____

PREFERRED LANGUAGE: (please check any that apply)

☐English ☐Spanish Other:_____

Current Employer:_____ Occupation:_____

If retired, please list your former occupation: _____

Primary Care Physician: _____

Main Pharmacy Name: _____

Address: _____

Phone Number: _____

Secondary Pharmacy Name: _____

Address: _____

Phone Number: _____

PAST MEDICAL HISTORY (Please check all that apply to you)

☐Anxiety
☐Arthritis
☐Asthma
☐Atrial Fibrillation (Irregular Heartbeat)
☐Bone Marrow Transplant
☐BPH (Enlarged prostate)
☐Breast Cancer
☐Colon Cancer
☐COPD
☐Coronary Artery Disease
☐Depression
☐Diabetes
☐End Stage Renal Disease
☐GERD (Acid Reflux)
☐Hearing Loss
☐Hepatitis
☐HIV/AIDS
☐Hypertension (High Blood Pressure)
☐Hypercholesterolemia (High cholesterol)
☐Hyperthyroidism
☐Hypothyroidism
☐Leukemia
☐Lung Cancer
☐Lymphoma
☐Prostate Cancer
☐Radiation Treatment
☐Seizures
☐Stroke
☐Other:
☐ **NONE of the Above**

PAST SURGICAL HISTORY (Please check all that apply to you)

☐Appendix Removed
☐Bladder Removed
☐Breast Biopsy
☐Lumpectomy:
  ☐Right
  ☐Left
☐Kidney Biopsy
☐Kidney Removed:
  ☐Right
  ☐Left
  ☐Both
☐Kidney Stone Removal

- ☐Both
- ☐Mastectomy:
  - ☐Right
  - ☐Left
  - ☐Both
- ☐Colon Removed for:
  - ☐Colon Cancer
  - ☐Diverticulitis
  - ☐IBD (Inflammatory Bowel Disease)
- ☐Colostomy
- ☐Gallbladder Removed
- ☐Coronary Artery Bypass
- ☐Pacemaker
- ☐Mechanical Valve Replacement
- ☐Biological Valve Replacement
- ☐Joint Replacement, Knee:
  - ☐Right
  - ☐Left
  - ☐Both
- ☐Joint Replacement, Hip:
  - ☐Right
  - ☐Left
  - ☐Both
- ☐Kidney Transplant
- ☐Liver Transplant
- ☐Ovaries Removed:
  - ☐Endometriosis
  - ☐Ovarian Cyst
  - ☐Tubal Ligation
- ☐Pancreas Removed
- ☐Prostate Removed: Prostate Cancer
- ☐Prostate: Biopsy
- ☐Prostate: TURP
- ☐Spleen Removed
- ☐Hysterectomy:
  - ☐Fibroids
  - ☐Uterine Cancer
  - ☐Cervical Cancer
- ☐Skin Cancer Surgery:
  - ☐Not sure of type
  - ☐Squamous Cell Carcinoma
  - ☐Basal Cell Carcinoma
  - ☐Other Type:

☐ **NONE of the above**

SKIN DISEASE HISTORY (please check all that apply to you)

- ☐Acne
- ☐Actinic Keratosis (Precancerous skin growths)
- ☐Asthma
- ☐Basal Cell Carcinoma
- ☐Blistering Sunburns
- ☐Dry Skin
- ☐Eczema
- ☐Flaking or Itchy Scalp
- ☐Hay Fever/Allergies
- ☐Melanoma
- ☐Poison Ivy
- ☐Precancerous Moles (usually called atypical nevi or dysplastic nevi)
- ☐Psoriasis
- ☐Squamous Cell Carcinoma
- ☐Squamous Cell Carcinoma in situ
- ☐Other Kind of Skin Cancer
- ☐Skin Cancer but not sure what kind
- ☐Other Skin Disease or Condition

☐ **NONE of the above**

CURRENT MEDICATIONS

Please list all current prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary or nutritional supplements.)

***** If you brought a list of medications with you, we can use your list. *****

Name	**Dosage**	**How often**	**How do you take it?** (by mouth, patch, injection)

ALLERGIES (Please list all medication allergies)

_____

_____

_____

_____

Are you allergic or sensitive to: Adhesive Yes ☐ No ☐
Lidocaine Yes ☐ No ☐
Epinephrine Yes ☐ No ☐
Latex Yes ☐ No ☐

Any other types of allergies? _____

SOCIAL HISTORY

Do you smoke? ☐Never ☐Former Smoker ☐Less than daily ☐Daily

Do you drink Alcohol? ☐Never ☐ Less than 1 daily ☐1-2 daily ☐3+ daily

FAMILY HISTORY

Has anyone in your family ever had? (Please check, if applicable**)**

Melanoma ☐Yes ☐No

If so, was it your biological ☐Mother, ☐Father, ☐Sister, ☐Brother, ☐Son, ☐Daughter, ☐Aunt, ☐Uncle, ☐Nephew, ☐Niece, ☐Grandmother, ☐Grandfather, ☐Grandson, ☐Granddaughter

Any other kind of skin cancer? ☐Yes ☐No **Precancer?** ☐Yes ☐No

☐Asthma, ☐Hay Fever, ☐Eczema, ☐Psoriasis, ☐Diabetes, ☐Thyroid Disease, ☐Arthritis, ☐Lupus, ☐any other Skin Disease? **(Please check all that apply)**

Thank you for filling out this form

****** NOTE ******

We remind patients about future appointments by phone, email, and text. Please discuss other contact preferences with the office reception.