

Name: _____ Date of Birth: _____

Preferred Pharmacy (Name & City): _____

Email: _____

May we send your pathology or labs to Boyce & Bynum: Yes No

If no, what lab do you prefer:

What brings you in today: _____

What is your occupation: _____

How did you hear about us: TV Radio Friend Other: _____

PAST MEDICAL HISTORY: PLEASE CIRCLE ALL THAT APPLY TO YOU

None	High Cholesterol
Anxiety	Thyroid Problems
Arthritis	Leukemia
Asthma	Lymphoma
Atrial Fibrillation	Radiation Therapy
COPD	Bone Marrow Transplant
Coronary Artery Disease	Cancer (Please list):
Depression	_____
Diabetes	_____
GERD	_____
Hypertension	Other: _____
Hearing Loss	_____
HIV	_____

PAST SURGICAL HISTORY: PLEASE CIRCLE ALL THAT APPLY TO YOU

None	Hysterectomy
Gall Bladder Removal	Mechanical Heath Valve Replacement
Coronary Artery Bypass	Total Hip Replacement Left Right Bilateral
Kidney Transplant	Total Knee Replacement Left Right Bilateral
Tubal Ligation	Organ Transplants (Please List):
Mastectomy Bilateral, Right, Left	_____
Colectomy	_____
Heart Valve Replacement	_____

SKIN DISEASE HISTORY: PLEASE CIRCLE ALL THAT APPLY TO YOU

None	Asthma
Acne	Hay Fever
Actinic Keratosis	Malignant Melanoma
Dry Skin	Pruritus of Scalp
Basal Cell Carcinoma	Psoriasis
Contact Dermatitis due to Poison Ivy	Squamous Cell Carcinoma
Dysplastic Nevus	Sunburn of the Second Degree
Eczema	Other: _____

Do you wear sunscreen? Yes No If yes, what SPF? _____
Do you tan in a tanning salon? Yes No
Do you have a family history of Melanoma? Yes No
If so, what member of the family? _____

MEDICATIONS: (please list all current medications)

DRUG ALLERGIES: (please list all drug allergies)

ALLERGY to LATEX? YES or NO

SOCIAL HISTORY: PLEASE CIRCLE ALL THAT APPLY TO YOU

Alcohol Use:	Smoking:	Review of Systems:
None	Current smoker	Problems with Bleeding
Less than one a day	Never a smoker	Healing
1-2 a day	Former smoker	Scarring (Hypertrophic or Keloid)
3 or more a day		Rash
		Immune Suppression
		Joint Aches
		Fever or Chills

ALERTS: PLEASE CIRCLE ALL THAT APPLY

Allergy to Adhesive	MRSA
Allergy to Lidocaine	Pacemaker
Allergy to Topical Antibiotics	Require Antibiotics Prior to Surgery
Artificial Joint Replacement	Rapid Heartbeat with Epinephrine
Blood Thinners	Are you pregnant?
Defibrillator	Are you currently trying to get pregnant?