

6. ALLERGIES TO MEDICATIONS: _____

7. PROVEN ALLERGY TO LATEX: YES NO

8. Social History: Do you use tobacco products? _____ Do you drink alcohol? _____

SKIN HISTORY

1. Current or prior skin problems

2. Skin Cancer History: _____

3. Severe Sun Exposure: _____ 4. X-ray/Radiation Treatments: _____

5. When you are exposed to sunlight do you: _____ Burn _____ Burn-Tan _____ Tan only

FAMILY MEDICAL HISTORY (list serious medical problems/conditions of family members including skin cancers)

Mother _____ Father _____

Siblings _____