McLaughlin Dermatology
16 Hospital Circle Suite B
Batesville, AR 72501
(870) 793-7800

PATIENT MEDICAL INFORMATION

Date: _____

Name (Last) _____ (First) _____ (MI) _____

List **Allergies to Medications**: _____

List all current Medications (Prescription & OTC): _____

_____

_____

Do you have any current or past diseases/conditions involving the following:

	Yes	No	Specifics		Yes	No
Lungs	☐	☐	_____	High Blood Pressure	☐	☐
Heart	☐	☐	_____	High Cholesterol	☐	☐
Kidney	☐	☐	_____	Arthritis	☐	☐
Liver	☐	☐	_____	Pacemaker/Defibrillator	☐	☐
Thyroid	☐	☐	_____	Bleeding Tendency	☐	☐
Seizures	☐	☐	_____	Artificial Joint/Valve	☐	☐
Cancer	☐	☐	Type _____	HIV	☐	☐
Diabetes	☐	☐	_____	Anxiety/Depression	☐	☐
Hepatitis	☐	☐	Type A, B, and/or C	Other Mental Illness	☐	☐

Other Medical Conditions: _____

Do you use _____ Tobacco Products _____ Alcohol If yes, how much? _____

Do you have a history of substance abuse? _____

(Women) Are you pregnant? _____ Are you breastfeeding? _____

Have you ever had skin cancer? _____ If so, what type & location? _____

Is there a history of Melanoma in your family? _____ If yes - parent, sibling, child (please circle)

Reason for today's visit_____

Previous medications and/or treatments for this condition_____

_____

History of other skin disorders_____

_____
Patient Signature