

Review of Systems: Are you currently experiencing any of the following? (please check yes or no for the following)

Symptom	Yes	No
Problems with bleeding		
Problems with healing		
Problems with scarring (hypertrophic or keloid)		
Immunosuppression		
Pregnancy or planning a pregnancy		
Chest pain		
Shortness of breath		
Rash		
Changing mole		
Dry skin/lips		
Nosebleeds		
Unintentional weight loss		
Change in appetite		
Headaches		
Ringing in the ears		
Blurry vision		
Abdominal pain		
Bloody stool		
Joint aches		
Anxiety		
Depression		
Thoughts of hurting yourself or others		
Fever/chills		
Night sweats		
Sore throat		
Cough		
Muscle weakness		
Nausea or vomiting		
Irregular periods		
Seizures		
Dizziness		
Heat or cold intolerance		

Other Symptoms: _____

Alerts: Are any of the following true for current health? (please check yes or no for the following)

Alert	Yes	No
Defibrillator		
Pacemaker		
Blood thinners		
Artificial heart-valve		
Premedication prior to procedures		
Artificial joints in past two years		
Taken isotretinoin in the last year		
Immunosuppression		
HIV		
Hepatitis B or C		
History of Cancer		
History of Melanoma		
Mole Map		
Allergy to lidocaine		
Allergy to adhesive		
Allergy to topical antibiotic ointments		
Rapid heartbeat with epinephrine		
Yeast infections with antibiotics		
Gastrointestinal upset with antibiotics		