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
☐Kidney Biopsy
☐Kidney Removed:
  ☐Right
  ☐Left
  ☐Both

☐Left
☐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 Stone Removal
☐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 **Pre-cancer?** ☐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.