

WOODBURY DERMATOLOGY

29160 Chapel Park Drive, Wesley Chapel, Florida 33543 | Phone: (813) 322-2160

PATIENT MEDICAL HISTORY INTAKE FORM

Personal History of Skin Conditions: Please check any that apply to you personally.

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| ☐ Melanoma | ☐ Basal Cell Carcinoma (BCC) |
| ☐ Squamous Cell Carcinoma (SCC) | ☐ Actinic Keratoses (Pre-cancers) |
| ☐ Chronic Rashes / Eczema / Psoriasis | ☐ Changing Moles or Significant Lesions |

Family History of Skin Cancer: Has any immediate relative had skin cancer?

- | | |
|---|---|
| ☐ Melanoma in Parent / Sibling / Child | ☐ Non-Melanoma Skin Cancer (BCC/SCC) |
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Specific Concerns or Changing Lesions: Please describe any spots that are changing size, shape, color, or are bleeding, growing, or causing pain:

This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes.