

# California Skin Surgery Center

Gregory M. Bricca, M.D., Inc.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

## Medical History

**Past Medical History/Review of Systems:** Do you currently have or have you ever had any of the following?  
(Please give details. Fill out completely. If you have no problems in a particular system, please check **Normal**.)

### Skin

- Normal
- Basal Cell Carcinoma
- Squamous Cell Carcinoma
- Melanoma
- Thick Scars/Keloids
- Atypical Moles
- Other \_\_\_\_\_

### Cardiovascular

- Normal
- Chest pain
- Heart Attack
- Pacemaker
- Heart Valve Replacement
- High blood pressure
- Other \_\_\_\_\_

### Musculoskeletal

- Normal
- Muscle Weakness
- Fibromyalgia
- Joint Replacement
- Joint / Date: \_\_\_\_\_
- Joint / Date: \_\_\_\_\_

### Neurological

- Normal
- Seizure
- Stroke
- Nerve pain
- Numbness/Tingling
- Other \_\_\_\_\_

### Respiratory

- Normal
- Asthma
- Emphysema
- Cough
- Other \_\_\_\_\_

### Gastrointestinal

- Normal
- Stomach Ulcer
- Colitis
- Liver Problems
- Other \_\_\_\_\_

### Hematologic/Lymphatic

- Normal
- Anemia
- Bleeding Problems
- Cancer/Enlarged Lymph Nodes
- Other \_\_\_\_\_

### Eye/Ear/Nose/Throat

- Normal
- Glaucoma
- Hearing Aid - Right / Left
- Plastic Surgery \_\_\_\_\_
- Other \_\_\_\_\_

### Psychiatric

- Normal
- Depression
- Anxiety
- Dementia
- Other \_\_\_\_\_

### Endocrine

- Normal
- Diabetes
- Thyroid
- Oral Steroid Use
- Other \_\_\_\_\_

### Infections

- Normal
- Hepatitis (circle) A, B or C
- HIV / AIDS
- Tuberculosis / TB
- Cold Sores / Other \_\_\_\_\_

### Genitourinary

- Normal
- Dialysis
- Kidney Problems
- Venereal Disease
- Other \_\_\_\_\_

### Allergic/Immunologic

- Normal
- Lupus
- Organ Transplantation
- Chemotherapy
- Other \_\_\_\_\_

### Constitutional

- Normal
- Current Weight \_\_\_\_\_
- Weight Loss
- Other \_\_\_\_\_

Have you ever had complications with local anesthesia?  
If yes, please explain: \_\_\_\_\_

Y / N

Are you currently pregnant, planning to become pregnant, or nursing?

Y / N

Are you allergic to latex or rubber?  
If yes, please explain: \_\_\_\_\_

Y / N

Have you fallen in the last year?

Y / N

- Once
- 2 or more times
- w/ injury
- w/o injury

**Current medications:**  None (Please list all prescription and over-the-counter medications with each dosage and frequency that you take them)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medication Allergies:**  None (Please list all medication allergies and describe each reaction to them) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Past Surgeries** (skin cancer included)  None \_\_\_\_\_

\_\_\_\_\_

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## Social History / Demographic Questionnaire

Occupation: \_\_\_\_\_

### Tobacco Use

- Never a tobacco smoker       Currently tobacco smoker       Former tobacco smoker  
Cigarettes per day: \_\_\_\_\_      How long has it been since you last smoked? \_\_\_\_\_

### Alcohol use

Did you have a drink containing alcohol in the past year? **Y / N** (if no, skip to the next section)

How often did you have a drink containing alcohol in the past year?

- Less than once a month    2 – 4 times a month    2 – 3 times per week    4 or more times per week

How many drinks did you have on a typical day when you were drinking in the past year?

- 1 – 2    3 – 4    5 – 6    7 – 9    10 or more

How often did you have 6 or more drinks on one occasion in the past year?

- Never    Less than once a month    Monthly    Weekly    Daily or almost daily

### Family history

- No family history of skin cancer of any kind  
 Family history of:  
     Melanoma, relation: \_\_\_\_\_  
     Non-melanoma skin cancer, relation: \_\_\_\_\_  
     Other skin problems, relation \_\_\_\_\_  
     Anesthetic complications, relation: \_\_\_\_\_

Do you use sunscreen?      **Y / N**

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### Advanced Directive

- I am aware of California Skin Surgery Center's policy on Advance Directives and I have an Advance Directive, but I did not bring a copy with me to submit today.  
 I am aware of California Skin Surgery Center's policy on Advance Directives, and I am submitting a copy of mine for my record should I require hospital transfer.  
 I am aware of California Skin Surgery Center's policy on Advance Directives and I do not have an Advance Directive.

For more information on Advanced Healthcare Directives, contact the California Medical Association at (800) 786-4262 (toll free) or log onto [www.cmanet.org](http://www.cmanet.org) and search for publication, my healthcare wishes.

**Please add my e-mail to my file:** \_\_\_\_\_

We value your privacy. Your personal information will be kept confidential and will never be sold to third parties. It will only be used for communications you request related to the services provided by Gregory M. Bricca, MD and the California Skin Surgery Center

### Optional questions:

Decline to state       Race: \_\_\_\_\_      Ethnicity: \_\_\_\_\_      Language: \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_