



MEDICAL HISTORY

Name _____

Current medications _____

	NO	YES	IF YES, PLEASE EXPLAIN
<i>Tobacco</i>	_____	_____	_____
<i>Suntan reactions</i>	_____	_____	_____
<i>Currently tanning</i>	_____	_____	_____
<i>Last time tanned</i>	_____	_____	_____
<i>Surgeries</i>	_____	_____	_____
<i>Allergies or drug reaction</i>	_____	_____	_____
<i>Hypertension</i>	_____	_____	_____
<i>Diabetes mellitus</i>	_____	_____	_____
<i>Liver disease</i>	_____	_____	_____
<i>Heart disease</i>	_____	_____	_____
<i>Kidney disease</i>	_____	_____	_____
<i>Ulcer disease</i>	_____	_____	_____
<i>Arthritis</i>	_____	_____	_____
<i>Stroke</i>	_____	_____	_____
<i>Bleeding disorder</i>	_____	_____	_____
<i>Anemia</i>	_____	_____	_____
<i>Respiratory problems</i>	_____	_____	_____
<i>Genital/Gyn. problems</i>	_____	_____	_____
<i>Pregnant</i>	_____	_____	_____
<i>Trying to become pregnant</i>	_____	_____	_____
<i>Eye problems</i>	_____	_____	_____
<i>Dermatological problems</i>	_____	_____	_____

Patient signature _____ Date _____