



Hemmet Dermatology Inc

720 EAST LATHAM AVENUE, SUITE 1, HEMET, CALIFORNIA 92543-4395
TELEPHONE 951-658-9461, FAX 951-652-7103
www.hemet-dermatology.com

Patient History

Name _____ Date _____

Family / Referring Physician _____

Reason for Visit _____

Duration of Problem _____

Treatments Used _____

Do you have a history of any of the following: (please circle)

Diabetes	Yes	No	Cancer	Yes	No
Heart Disease	Yes	No	Kidney Disease	Yes	No
Heart Murmur	Yes	No	Artificial Heart Valve	Yes	No
Pacemaker	Yes	No	Joint Replacement	Yes	No
Liver Disease	Yes	No	Bleeding Disorder	Yes	No
Lung Disease	Yes	No	Asthma or Hay Fever	Yes	No
HIV or AIDS	Yes	No	Melanoma	Yes	No
Hepatitis	Yes	No	New or Changing Moles	Yes	No
Tobacco Use	Yes	No	Duodenal/Stomach Ulcer	Yes	No
Alcohol Use	Yes	No			

Please list the following information (or write none):

Any other medical problems _____

Any surgeries you have had _____

All medications you are taking _____

All medications to which you are allergic _____

Any medical problems that run in your family _____

Signature _____