ALYSA R. HERMAN, M.D.

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Coral Gables, Florida 33146
(305) 444-4979

Date: Birthday:

Patient Name:

Last Name First Name

Allergies:

Please answer the following questions:

Are you an organ donor? (yes/no)

Your primary language:

Have you ever had, or do you presently have, any of the following:

**** Please answer *yes* or *no* ****

1. An allergic reaction to any medicine?
2. High blood pressure, ulcers, tuberculosis or diabetes?
3. (a) Hay fever, allergic rashes, asthma or eczema?
   (b) Anyone in your family?
4. Kidney, liver, blood, heart, endocrine or venereal disease?
5. Poor wound healing, enlarged scars or keloids, tendency to bleed or discoloration of the skin after surgery or injury?
6. Are you in good general health?
7. What is the approximate date of your last…
   (a) complete medical exam?
   (b) chest X-ray?
8. Please list all the medicines you are presently taking or have taken in the past two months. Includes those applied to the skin.

9. Do you have a pacemaker or other metal implants?
10. Are you requested to take antibiotics before dental work?

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11. Have you ever had an autoimmune disorder such as lupus, scleroderma and Rheumatoid arthritis?
12. Do you have any immune deficiency disorder?
13. Have you ever been tested for the HIV virus (test for AIDS)?
14. Are you allergic to local anesthesia (Novocain, Xylocaine, etc.)?
15. Do you have frequent skin infections, fever blisters or "cold sores"?
16. Have you ever had convulsions or seizures?
17. Have you ever had dizzy or fainting spells?
18. Do you often feel depressed?
19. Have you ever had a “nervous breakdown”?

    Explain:

20. Have you ever been under the care of, considered consulting a Psychologist and/or Psychiatrist?

    Explain:

21. Have you ever used street drugs?
22. Have you ever used intravenous drugs?
23. Do you currently drink alcoholic beverages?

    How many drinks per week?

24. Do you smoke cigarettes? How many packs per day?
25. Have you ever had significant sun exposure and/or sunburn?
26. Do you have any new moles or blemishes or any significant change in existing moles?
27. When you go into the sun do you (please choose one)

    (a) Always burn, never tan

    (b) Usually burn, tan with difficulty

    (c) Sometimes burn, tan easily

    (d) Rarely burn, tan easily

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28. Have you ever had x-ray or grenz ray treatment for your skin?
29. Have you ever had melanoma or other skin cancer?
30. Has any member of your family had melanoma, atypical moles or skin cancer?

Females Only:

Date of last menstrual period:

Are you currently pregnant or trying to become pregnant?

Date of last OB/GYN exam: