

Medical History

Please complete front & back - 3 pages.

INSTITUTE

Building Two, Suite 106

Bryn Mawr, PA 19010

Patient Name			Patient Date	e of Birth	/		
Note: If you have	e already used our	online Pa	tient Portal, please start on page	e 2 at Socia	l History.		
rimary Care Physician							
ast Medical History (Plea	se circle all that app	ly)					
Anxiety	Colon Cancer		Hepatitis		Lymphoma		
Arthritis	COPD		Hypertension		Prostate Cancer		
Artificial joints	Coronary Artery Di	sease	HIV/AIDS		Radiation Treatmen Seizures		
Asthma Atrial fibrillation	Depression Diabetes		Hypercholesterolemia				
BPH	End Stage Renal D	Dicasca	Hyperthyroidism Hypothyroidism		Stroke Heart Valve		
Bone Marrow	GERD (gastroesop		Kidney Disease		Replacement		
Transplant	Hay fever Allergies		Leukemia		replacement		
Breast Cancer	Hearing Loss		Lung Cancer		None		
Other							
ast Surgical History (Plea	ase circle all that app	oly)					
Appendix Removed			Lumpectomy (Right, Left, Bilat	teral)			
Bladder Removed			Breast Biopsy (Right, Left, Bila	ateral)			
Mastectomy (Right, Left, Bilateral)			Breast Reduction				
Breast Implants			Kidney Stone Removal				
Colectomy: Colon Cancer Resection			Ovaries Removed: Endometriosis				
Colectomy: Diverticulitis			Ovaries Removed: Cyst				
Colectomy: IBD (inflammatory bowel disease)			Ovaries Removed: Ovarian Cancer				
Gallbladder Removed			Prostate Removed: Prostate Cancer				
Coronary Artery Bypass			Prostate Biopsy				
PTCA (Coronary Angioplasty)			TURP (transurethral resection of prostate)				
Mechanical Valve Replacement			Spleen Removed				
Biological Valve Replacement			Testicles Removed (Right, Left, Bilateral)				
Joint Replacement, Knee (Right, Left, Bilateral)			Hysterectomy: Fibroids				
Joint Replacement, Hip (Right, Left, Bilateral)			Hysterectomy: Uterine Cancer				
Kidney Biopsy			None				
Kidney Removed (Right, Left)			Other				
kin Nisaasa History (Plaa	ese circle all that ann	du)					
Acne	ase History (Please circle all that apply) Dry Skin		Melanoma	None			
Actinic Keratoses	Eczema				r:		
Asthma	Flaking or Itchy Scalp		Precancerous Moles (atypical)				
Basal Cell Skin Cancer	Hay Fever / Allergies		Psoriasis				
Blistering Sunburns	Keloid Scarring	-	Squamous Cell Skin Cancer				
o you wear Sunscreen?	Yes	No	If yes, what SPF?				
o you tan in a tanning sa		No	, 50,				
-			Squamous Cell	Basal Cell	None		
If yes, which relative			•				

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Page 1 of 3

BMSC Medical History - 2022.04.22

Suite 325

Newtown Square, PA 19073



Medical History

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INSTITUTE

Medical Dermatology CIRILLO INSTITUTE

CURRENT MEDICATIONS	: Dosage, Frequency and F	Route <i>(include vit</i>	amins, h	erbal and over-th	e-counter products)
MEDICATION	DOSE (mg, mL, puff, cc, pa	tch, (once a	requen day, tw	cy ice a day, (b	ROUTE by mouth, on skin, in
Farancia Assisi	etc)		s neede		eye, etc)
Example: Aspirin	81mg	Daily		Ву	Mouth
PLEA	SE CONTINUE MEDICATION	ON LIST ON A S	ECOND	SHEET, IF NEEL	DED
Preferred Pharmacy Pharmacy Address				Phone (_)
Allergies (Please enter all a	allergies)				
	ver SmokedQuit: Fine Less t	ormer Smoker han 1 drink daily		Smoke less than of 1-2 drinks per day Prefer not to ansv	/ 3 or more dail
History of high blood pres	ssure in your family?	Yes	No	(Please circle Y	(es or No)
Are you currently nursing Do you have a living will? If Yes, who is your l		Yes Yes	No No	Other	
Did you receive the COVIIModernaPfizer	D-19 vaccine? Johnson & Johnson	Yes How many do	No ses did y	ou receive?	
Did you receive a Flu vaco Did you receive a Pneumo Did you receive a Shingle Bryn Mawr Office	onia vaccine?	Yes Yes Yes	No No No	Other Other Other	Newtown Square Office
919 Conestoga Road Building Two, Suite 106 Bryn Mawr, PA 19010	BMSC Medical Hist	ory - 2022.04.22	Page 2	2 of 3	3855 West Chester Pike Suite 325 Newtown Square, PA 19073



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Medical Dermatology

CIRILLO	DINSTITUTE	Date//				
Patien	t Name	Patie	Patient Date of Birth//			
Review	of Systems: Are you currently experiencing any	Symptoms? (<i>Please circ</i>	cle Yes or No)			
•	Problems with bleeding	Yes	No			
•	Problems with healing	Yes	No			
•	Immunosuppression	Yes	No			
•	GI upset with antibiotics	Yes	No			
•	Thyroid problems	Yes	No			
Other \$	Symptoms:					
Alerts:	Are you currently experiencing any of the following History of melanoma	g? (<i>Please circ</i> Yes	cle Yes or No) No			
•	Allergy to adhesive	Yes	No			
•	Allergy to betadine/ shellfish	Yes	No			
•	Allergy to latex	Yes	No			
•	Allergy to lidocaine	Yes	No			
•	Allergy to topical antibiotic ointments	Yes	No			
•	Artificial heart valve	Yes	No			
•	Artificial joints within past 2 years	Yes	No			
•	Blood thinners	Yes	No			
•	Defibrillator	Yes	No			
•	Hepatitis C	Yes	No			
•	HIV / AIDs	Yes	No			
•	MRSA (methicillin resistant staph aureus)	Yes	No			
•	Pacemaker	Yes	No			
•	r reginancy or planning a prognancy	Yes	No			
•	Transcardance process to process to	Yes	No			
•	Rapid heartbeat with epinephrine	Yes	No			

Bryn Mawr Office 919 Conestoga Road Building Two, Suite 106 Bryn Mawr, PA 19010

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