

**MOHS SURGERY OF MORRIS, P.A.**  
**Subhadra Shah, M.D.**

**Patient Name:**

**Date of Birth:**

**Medical History** **Yes** **No**

Previous Skin Cancer \_\_\_\_\_ \_\_\_\_\_

Family History of Melanoma \_\_\_\_\_ \_\_\_\_\_

Surgery (last 10 yrs) – list type + date \_\_\_\_\_ \_\_\_\_\_

Problems healing \_\_\_\_\_ \_\_\_\_\_

Hepatitis  A  B  C \_\_\_\_\_ \_\_\_\_\_

Cancer: \_\_\_\_\_ \_\_\_\_\_

HIV \_\_\_\_\_ \_\_\_\_\_

Hypertension \_\_\_\_\_ \_\_\_\_\_

Heart Disease: \_\_\_\_\_ \_\_\_\_\_

CAD  CHF  MVP

Angina  A Fib  PVD

Stent  Prosthetic Valve

Vascular disease: \_\_\_\_\_ \_\_\_\_\_

Stroke  Carotid Stenosis

Other \_\_\_\_\_ \_\_\_\_\_

Diabetes: Type  I  II \_\_\_\_\_ \_\_\_\_\_

Seizure Disorder / Epilepsy \_\_\_\_\_ \_\_\_\_\_

History of fainting \_\_\_\_\_ \_\_\_\_\_

Kidney Disease \_\_\_\_\_ \_\_\_\_\_

Pregnancy / possibility of \_\_\_\_\_ \_\_\_\_\_

Respiratory / Lung Disease \_\_\_\_\_ \_\_\_\_\_

Prosthetic joint (when?) \_\_\_\_\_ \_\_\_\_\_

Use: Tobacco Alcohol Other \_\_\_\_\_ \_\_\_\_\_

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

Activities: \_\_\_\_\_ \_\_\_\_\_

General Health (subjective?) \_\_\_\_\_ \_\_\_\_\_

Date

**Medications (including OTC)**

**Allergies:**

**\*This Section is for office use only\***

Anticoagulants:  ASA  Coumadin  Other

Dose: \_\_\_\_\_

Date Stopped: \_\_\_\_ Per: \_\_\_\_\_, M.D.

Prophylaxis needed?  Yes  No

Antibiotic: \_\_\_\_\_

Reason: \_\_\_\_\_

Taken at what time: \_\_\_\_\_

**MAY USE:** \_\_\_\_\_ reason: \_\_\_\_\_

Lidocaine  Yes  No \_\_\_\_\_

Epinephrine  Yes  No \_\_\_\_\_

**PACEMAKER**  Yes  No

**DEFIBRILLATOR**  Yes  No

**ANY OTHER ELETRICAL IMPLANT:**

Yes  No

**Type:** \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_