ROBERT M. MILLER, M.D., INC

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MEDICAL HISTORY

Patie						, it is	Date:	
	ı	ast	first			middle		
SEX:	M F							
Reaso	on for toda	ay's visit:						
5000	_	to any medicati					If YES, list:	
		ons you are curre						
supple	ements):	1 1	9.5					
1					4			
2			."		5			=
J					0			****
Do yo	u have no	ow, or have you e	ever had dis	eas	es or con	ditions of: (Please check YES	S or NO)
LUNG	S:		,	YES	NO			
	Bronchiti	S						
	Emphyse	∍ma						
	Asthma	toward respective						
	Chronic Nasal all							
	i vasar ar	eigles		_	_			
CARD	IOVASCUL							
		od pressure						
	Chest po		, a					
	Heart at							
	Heart mu							
		heart beat		0				
	Pacema Phlebitis	Kei		0				
				_	_			
OTHER	SYSTEMIC							
	Diabetes	3						
	Thyroid			0				
	Kidney							
	Stomach	1						
	Bowel	/ law on all a a						
		/Jaundice						
	Arthritis	ng						
	Glaucon	IU						
	Fainting	ons, epilepsy or	coizuros					
		mph Disorders						

MEDICAL HISTORY

(Continued)

Patient:		Date:				
last	first	middle				
	YES NO					
Do you drink alcohol?		If YES, how many drinks per day?				
Do you use IV drugs?		If YES, what? How often?				
Have you ever had local or dental anest Any bad reaction?	hesia (Novacaine, Lid	docaine, Xylocaine)?				
Please answer the following questions:						
Do you smoke?	□ YES □ N	IO If yes, how much?				
	□ YES □ N					
(Women) Are you	_ ::== = ::					
		O Due date:				
Do you have artifical joints? What is your occupation?	U 1E5 U I					
What are your hobbies?						
Have you traveled in the last 6 r	nonths? YES					
CIZINI						
SKIN: When you are exposed to the su	ın do you 🔲 T	an only D Burn, then tan D Burn				
Have you ever had skin cancer?		□ NO				
Have you ever had a melanoma	? • YES	□ NO				
Has any family member had ski	any family member had skin cancer?					
Has any family member had a n Do you get cold sores or fever b	nelanoma?	ES NO If YES, whom?				
List any history of past or preser		1				
Elst arry filotory or pact or process	it olili alcoracio.	2.				
		3.				
		4				
Completed by: Patient						
☐ Medical Assistant		\$				
	nitials					
patient	date					
		- ,				