Alabama Dermatology Associates
Medical, Surgical and Cosmetic Skin Care Specialists

REVIEW OF SYSTEMS

Date: _____

Do you now or have you recently had any of the following?	**Yes**	**No**
New or changing mole	☐	☐
Pacemaker	☐	☐
Defibrillator	☐	☐
Artificial heart valve	☐	☐
Rapid heart beat with epinephrine	☐	☐
Pregnancy, planning a pregnancy or breastfeeding	☐	☐
Diabetes or excessive urination, thirst, or hunger	☐	☐
Yeast infections with antibiotics	☐	☐
Artificial joint(s)	☐	☐
Premedication with antibiotics prior to procedures	☐	☐
Allergy to adhesive	☐	☐
Allergy to lidocaine	☐	☐
Blood thinners	☐	☐
Problems with healing	☐	☐
Problems with scarring (hypertrophic or keloid)	☐	☐
Problems with bleeding or blood clots	☐	☐
Migraines	☐	☐
Anxiety	☐	☐
Depression	☐	☐
Dialysis or kidney disease	☐	☐
Bloody urine	☐	☐
Rash	☐	☐
Hearing loss	☐	☐
Sore throat	☐	☐
Abdominal pain	☐	☐
Bloody stool	☐	☐
GI upset with antibiotics	☐	☐
Blurry vision	☐	☐
Chest pain	☐	☐
Cough	☐	☐
Shortness of breath	☐	☐
Wheezing	☐	☐
Fever or chills	☐	☐
Night sweats	☐	☐
Unintentional weight loss	☐	☐
Headaches	☐	☐
Seizures	☐	☐
Allergy to topical antibiotic ointments	☐	☐
Immunosuppression	☐	☐
Hay fever	☐	☐
Joint aches/arthritis	☐	☐
Muscle weakness	☐	☐
Neck stiffness	☐	☐
Thyroid problems	☐	☐