

PH: (650) 579 – 7277
FX: (650) 579 – 3745

215 N. SAN MATEO DR.
SAN MATEO, CA 94401

THOMAS G. MUNYON, M.D.

MEDICAL HISTORY

WHAT IS YOUR MAIN CONCERN TODAY?:

ALLERGIES?:

MEDICATIONS?:

HAVE YOU EVER HAD?:

- SKIN CANCER
- ECZEMA
- ASTHMA
- HAY FEVER
- PSORIASIS
- SEBORRHEA
- LUPUS
- ACNE
- HEMORRHOIDS

HAS ANY BLOOD RELATIVE EVER HAD? WHO?

- SKIN CANCER _____
- ECZEMA: _____
- ASTHMA: _____
- HAY FEVER: _____
- PSORIASIS: _____
- SEBORRHEA: _____
- LUPUS: _____
- ACNE: _____
- HEMORRHOIDS: _____

DO YOU HAVE ANY MOLES OR BIRTHMARKS?:
IF SO, WHERE?: _____

YES

NO

DO YOU GET HERPES AND/OR COLD SORES?:

YES

NO

ARE YOU INTERESTED IN ANY COSMETIC TREATMENTS?:

- | | |
|---|---|
| <input type="checkbox"/> COLLAGEN | <input type="checkbox"/> PROPECIA |
| <input type="checkbox"/> SCAR REVISION | <input type="checkbox"/> LASER HAIR REMOVAL |
| <input type="checkbox"/> RETIN-A / RENOVA | <input type="checkbox"/> BOTOX |
| <input type="checkbox"/> ENDERMOLOGIE | <input type="checkbox"/> WRINKLE REMOVAL |

FOR SURGICAL PATIENTS ONLY:

- DO YOU TAKE ASPIRIN, IBUPROFEN, OR ANTICOAGULANT DRUGS? YES NO
IF SO, HOW OFTEN? _____ LAST DOSE WAS TAKEN WHEN? _____
- DO YOU HAVE A HISTORY OF PROLONGED OR EXCESSIVE BLEEDING? YES NO
- ARE YOU REQUIRED BECAUSE OF A HEART CONDITION TO TAKE ANY
ANTIBIOTICS PRIOR TO DENTAL WORK? YES NO

NAME

DATE