



**Bayview Dermatology and
Cosmetic Surgery, S.C.**

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Do you have now or have you ever had diseases or conditions of: (please check Yes or No)

- Arthritis/ Joint problems Yes ___ No ___
- Hepatitis Yes ___ No ___
- Artificial Joint Yes ___ No ___
- High Blood Pressure Yes ___ No ___
- Asthma Yes ___ No ___
- Kidney Problems Yes ___ No ___
- Bladder Problems Yes ___ No ___
- Liver/Gall bladder disease Yes ___ No ___
- Blood clots Yes ___ No ___
- Mitral Valve Prolapse Yes ___ No ___
- Cancer Yes ___ No ___
- Pacemaker Yes ___ No ___
- Cataract/ Glaucoma Yes ___ No ___
- Convulsions/Epilepsy Yes ___ No ___
- Diabetes Yes ___ No ___
- Phlebitis/Vein inflammation/
circulation Yes ___ No ___
- Emotional Problems Yes ___ No ___
- Polycystic Ovaries Yes ___ No ___
- GI/Stomach Problems Yes ___ No ___
- Thyroid Problems Yes ___ No ___
- Heart Disease/Attack Yes ___ No ___
- TB/Lung Problems Yes ___ No ___
- Have you had or been exposed to
VD/Sexually Transmitted problems Yes ___ No ___
- Exposed to HIV/AIDS? Yes ___ No ___

Other medical problems:

List any surgical procedures in the last 6 months:

SKIN:

- Have you had skin cancer ? Yes ___ No ___
- Has anyone in your family had skin cancer? Yes ___ No ___
- Do you have a History of any specific skin diseases Yes ___ No ___
- Do you have problems with healing ? Yes ___ No ___
- Do you develop Keloids (scar) after surgery ? Yes ___ No ___
- Do you Bleed Easily? Yes ___ No ___
- Are you prone to herpes (fever blister) outbreaks? Yes ___ No ___
- Do you develop skin rashes in reaction to any
Medication, Food, or the environment? Yes ___ No ___