Dr. Deborah Longwill
Advanced Cosmetics and Dermatology

Miami Center for Dermatology
7700 SW 104TH St. Pinecrest, FL 33156
Ph. 305.279.SKIN (7546)
Fax. 305.279.4180
dlongwill@longwillderm.com
www.longwillderm.com

HEALTH QUESTIONNAIRE

DATE:_____DOB:_____ AGE:_____ WT:_____ HGT:_____ SEX: MALE_____ FEMALE_____

PATIENT NAME:_____
LAST FIRST MIDDLE

REASON FOR THE VISIT: _____

DURATION OF CONDITION:_____

TREATMENT TRIED: _____

LIST ALL ALLERGIES TO MEDICATIONS:_____

LIST HOSPITALIZATIONS / SURGERIES: _____

COSMETIC SURGERIES / PROCEDURES: _____

MEDICAL CONDITIONS:

_____ _____ _____

_____ _____ _____

_____ _____ _____

LIST ALL MEDICATION/VITAMINS TAKEN DAILY

_____ _____ _____

_____ _____ _____

_____ _____ _____

BIRTH WIEGHT: _____APGAR: _____

FEMALES ONLY

ARE YOU PREGNANT? : _____YES _____NO HOW MANY WEEKS: _____BIRTH CONTROL METHOD? _____

NUMBER OF PREGNANCIES:_____ ARE YOU BREAST FEEDING: _____YES _____NO

ARE YOU PLANNING TO GET PREGNANT: _____YES _____NO WHEN?

REGULAR MENSTRUAL PERIOD: _____ YES _____NO DATE OF LAST MENSTRUAL PERIOD:_____/_____/_____

MENOPAUSAL SYMPTOMS OF POSTMENOPAUSAL? _____YES _____NO AGE OF ONSET: _____

SOCIAL HISTORY:

WORK STATUS: _____ EMPLOYED _____UNEMPLOYED OCCUPATION:_____

LIVE ALONE: _____ YES _____NO HOBBIES: _____

DO YOU HAVE PETS? _____ YES _____NO SCHOOL / DAYCARE? _____ YES _____NO

SMOKE: _____YES _____NO WHAT DO YOU SMOKE? _____HOW OFTEN:_____

ALCOHOL CONSUPTION: _____YES _____NO

HOW OFTEN?_____ DAILY_____SOCIALLY _____OCASIONALLY_____NEVER

DO YOU USE ANY RECREATIONAL DRUGS?_____

SEXUALLY ACTIVE WITH ONE PARTNER: _____ SEXUALLY ACTIVE WITH MORE THAN ONE PARTNER: _____