



PATIENT'S FAMILY HISTORY

THIS ONLY CONCERNS THE PATIENT'S PARENTS, GRANDPARENTS, SIBLINGS, AND CHILDREN. PLEASE STATE WHETHER IT IS MOTHER OR FATHER'S SIDE.

MEDICAL CONDITION

AFFECTED FAMILY MEMBER

- No Relevant Family History** _____
- Autoimmune Disorders** _____
- Colon Cancer** _____
- Diabetes** _____
- Glaucoma** _____
- High Blood Pressure** _____
- High Cholesterol** _____
- Liver Disease** _____
- Lung Disease** _____
- Malignant Melanoma** _____
- Obesity** _____
- Premature Coronary Heart Disease** _____
- Skin Cancers (Basal or Squamous Cell)** _____
- Thyroid Disease** _____
- Other** _____

Real dermatologists

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caring for real people.

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