Edmonton Dermatology & Skin Surgery Centre

Personal Health History

Welcome to Edmonton Dermatology and Skin Surgery Center, the office of Dr. Muba Taher and Associates. Please complete these forms, sign the bottom when finished, and return to the front desk. Please know that all this information is kept private and confidential.

Patient Information	
Legal First & Last Name:	Preferred First Name:
Home Address:	Province:
City:	Postal Code:
Gender:	Date of Birth: (DD/MM/YYYY)
Best Contact Number:	Alternative Phone Number:
*Alberta Health Care Card:	Emergency Contact Name, Phone Number & Relation:
E-mail Address:	
Referring Physician First and Last Name:	
Primary Care Physician: First & Last Name: _________________________________ Location: ____	
Pharmacy: (Name, Location, Phone Number)	

Medications (Please list all prescribed medications, vitamins, and over the counter drugs (or attach a medication list)

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Allergies (Please list any/ all drug allergies or medical allergies)

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PLEASE TURN OVER TO COMPLETE THIS FORM

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Review of Systems

Are you pregnant? ◯ Yes, Due Date: ___________ ◯ No ◯ Not Applicable

Pacemaker? ◯ Yes ◯ No

Defibrillator? ◯ Yes ◯ No

Blood Thinners or Aspirin? ◯ Yes ◯ No

Have you had Kidney Failure? ◯ Yes ◯ No

Are you Diabetic? ◯ Yes ◯ No

Do you suffer from Anxiety? ◯ Yes ◯ No

Have you had any previous reactions to dental freezing or local anesthetic? ◯ Yes ◯ No

Skin Disease History (Please check all that apply)

- ☐ Actinic Keratosis
- ☐ Precancerous Moles (Dysplastic/Atypical)
- ☐ Basal Cell Carcinoma
- ☐ Squamous Cell Carcinoma
- ☐ Melanoma

Do you require information on sunscreen/skin cancer prevention? ◯ Yes ◯ No

Please check off any of our services that you may also wish to discuss:

- ☐ Acne Treatments/Acne Scars
- ☐ Anti-Aging Treatments
- ☐ Botox
- ☐ Chemical Peels
- ☐ Cosmetic Mole Removal
- ☐ Laser Hair Removal
- ☐ Microdermabrasion
- ☐ Rosacea Treatments
- ☐ Skin Care Products
- ☐ Skin Tag or Seborrheic Keratosis Removal
- ☐ Soft Tissue Filler
- ☐ Stretch Mark Treatments
- ☐ Sun Damage

I would be interested in learning more about:

____

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Please Sign: (Patient or Guardian)

Today's Date: