Edmonton Dermatology & Skin Surgery Centre

Personal Health History

Welcome back to Edmonton Dermatology & Skin Surgery Centre the office of Dr. Muba Taher and Associates. We request one of these forms filled out **every 6 months**. Please complete this ***ENTIRE*** form, sign the bottom of the second page and when complete return back to the front desk. Please know that all information is kept private and confidential.

Please initial or fill out if different from the label

____

____

____

Please update
E-mail:
Emergency Contact: (Name, Phone Number, Relation)
Referring Physician's Full Name:
Primary Care Physician's Full Name and Location:
Pharmacy: (Name, Location, Phone Number)

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

____

____

____

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

____

____

____

Please Turn Over to Complete This Form

Edmonton Dermatology & Skin Surgery Centre

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

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

I would be interested in learning more about:

____

____

Review of Systems

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

Artificial heart valve within the past 2 years? ◯ Yes, when: __________ ◯ No

Artificial joint surgery within the past 2 years? ◯ Yes, when and which joint: __________ ◯ No

Pacemaker? ◯ Yes ◯ No

Defibrillator? ◯ Yes ◯ No

Blood Thinners or Aspirin? ◯ Yes ◯ No

Have you had Kidney Failure? ◯ Yes ◯ No

Are you Diabetic? ◯ Yes ◯ No

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

Please Sign: (Patient or Guardian)

Today's Date: