



Medical History and Progress Note Form

Name: _____ Date: _____

Age _____ Ethnicity/Race _____ Male/Female _____ Pregnant _____
(optional) (yes/no)

Medical Illness (es) _____

Current Medication (s) _____

Current Dermatology Medication (s) _____

Past Dermatology Medication (s) _____

Medication Allergies _____

Skin/Hair/Nail Concerns: (example: skin rash on arm, hair loss, acne)

1. _____

2. _____

3. _____