

# Dermatologic Surgery Preoperative Checklist

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F Occupation: \_\_\_\_\_

Previous skin cancer: \_\_\_\_\_Y \_\_\_\_\_N

Family history of skin cancer: \_\_\_\_\_Y \_\_\_\_\_N

Is pregnancy possible? \_\_\_\_\_Y \_\_\_\_\_N

## Past Medical History:

Please check "Y" or "N" to the following, as it pertains to you:

Heart disease/Heart valve: \_\_\_\_\_Y \_\_\_\_\_N

Lung disease: \_\_\_\_\_Y \_\_\_\_\_N

Liver disease: \_\_\_\_\_Y \_\_\_\_\_N

Neurologic disease / Dementia: \_\_\_\_\_Y \_\_\_\_\_N

Cancer (other than skin): \_\_\_\_\_Y \_\_\_\_\_N

Infectious diseases, including Hepatitis B or C or HIV: \_\_\_\_\_Y \_\_\_\_\_N

Diabetes: \_\_\_\_\_Y \_\_\_\_\_N

Bleeding tendencies: \_\_\_\_\_Y \_\_\_\_\_N

Healing problems/ keloids: \_\_\_\_\_Y \_\_\_\_\_N

Pacemaker: \_\_\_\_\_Y \_\_\_\_\_N

Defibrillator: \_\_\_\_\_Y \_\_\_\_\_N

Do you need antibiotics for prophylaxis during procedures? \_\_\_\_\_Y \_\_\_\_\_N

Hypertension: \_\_\_\_\_Y (controlled) \_\_\_\_\_Y (not controlled) \_\_\_\_\_N

Other medical problems we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medications:

Do you take Aspirin: \_\_\_\_\_Y \_\_\_\_\_N How often? \_\_\_\_\_

Do you take Coumadin: \_\_\_\_\_Y \_\_\_\_\_N

PLEASE list any allergies you have to medication and explain reaction:

\_\_\_\_\_  
\_\_\_\_\_

## Habits:

Do you use tobacco: \_\_\_\_\_Y \_\_\_\_\_N \_\_\_\_\_ Occasional

Do you use alcohol: \_\_\_\_\_Y \_\_\_\_\_N \_\_\_\_\_ Occasional