

## **MEDICAL INFORMATION**

Reason for your visit: \_\_\_\_\_

\_\_\_\_\_  
List medications you take: \_\_\_\_\_

\_\_\_\_\_  
Do you take Aspirin, Advil® or Aleve®?    NO    YES    How often? \_\_\_\_\_

Allergies to medications or anesthetics?    NO    YES    Please list \_\_\_\_\_

### **PAST AND PRESENT MEDICAL HISTORY**

**YES   NO**

**YES   NO**

Bleeding Problems

Diabetes

Hives

Stomach Ulcers

Radiation Therapy

Tuberculosis

HIV / AIDS

Cancer, other than Skin Cancer.

Heart Disease

High Blood Pressure

Cardiac Pacemaker

Hay Fever

Asthma

Are you currently pregnant  
or breastfeeding?

Skin Cancer (Basal Cell Carcinoma & Squamous Cell Carcinoma)

Skin Cancer (Malignant Melanoma)

Family History of Melanoma

History of Dysplastic/Atypical Moles

Any other major medical problems? \_\_\_\_\_

***Edward A. Gross, M.D., P.A.***

333 Arthur Godfrey Road ~ Suite 302 ~ Miami Beach, Florida 33140    Phone (305) 672.5811 ~ Fax (305) 672.9182