dr. mariano busso
aesthetic dermatology

Health History

Mariano Busso, M.D., P.A.

Name: ______________________________ Date: ____________

Directions: please answer the following questions trying not to leave any blanks. Thank you.

I. Reason for consult ____

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II. History of present illness

	Chief Complaint	Complaint #2	Complaint #3
When did it start?			
Where did it start?			
Any changes?			
Is this the first time?			
Treatments and home remedies? (Specify)			
Symptoms associated with it			
Associated illness			
What makes it better?			
What makes it worse?			

III. Review of systems

Do you present any of the following? If yes, please specify.

Constitutional
- ☐ Fever
- ☐ Weight loss
- ☐ Weight gain
- ☐ Hair loss

Eyes
- ☐ Blurring
- ☐ Glasses
- ☐ Contact Lenses

Ear/nose/throat/mouth
- ☐ Hearing Difficulty
- ☐ Pain
- ☐ Ringing in the ears
- ☐ Dizziness
- ☐ Mouth sores
- ☐ Gum disease
- ☐ Soreness

Cardiovascular
- ☐ Palpitation
- ☐ Faintness
- ☐ Leg swelling
- ☐ Chest pain

Respiratory
- ☐ shortness of breath
- ☐ Cough
- ☐ Sputum

Gastrointestinal
- ☐ Nausea
- ☐ Vomiting
- ☐ Constipation
- ☐ Diarrhea
- ☐ Appetite decrease

Endocrine
- ☐ Excessive hair, face/body
- ☐ Cold sensitivity

Genitourinary
- ☐ Discharge
- ☐ Sores
- ☐ Incontinence

Musculoskeletal
- ☐ Joint pain
- ☐ Joint swelling
- ☐ Weakness

Integumentary
- ☐ Itching
- ☐ Burning

Neurological
- ☐ Headaches
- ☐ Memory loss
- ☐ Fainting spells

Allergic
- ☐ Frequent infections
- ☐ Allergies

Hematologic/lymphatic
- ☐ Bruise Easily
- ☐ Blood Clots
- ☐ Excessive bleeding

Psyciatric
- ☐ Stress
- ☐ Anxiety
- ☐ Depression

Males only
- ☐ Urinary problems
- ☐ Prostatic problems

Females only
- ☐ Vaginal discharge
- ☐ Currently pregnant
- ☐ Planning to become pregnant
- ☐ Taking oral contraceptives

Date of last menses__________

Mariano Busso MD.______________________________ Date ____________