Skin Cancer History

Name: _____________________________________________ Date: ____________________________

Please answer all the questions that apply:

1. Do you have a new lesion today? Yes No Where? ____________________________
   a) How long has it been present? ____________________________
   b) How has it changed? ____________________________

2. Do you have a history of melanoma? Yes No Where? ____________________________
   a) How many? ______
   b) How long ago? ______
   c) Do you know whether the melanomas were invasive, or not? How deeply invasive was the tumor in millimeters? ____________________________

3. Was a lymph node biopsied when the melanoma was removed? Yes No

4. Is there a family history of melanoma? Yes No
   a) Which family member? ____________________________
   b) How did the family member do after their melanoma was treated? ____________________________

5. Is there a history of basal cell carcinoma? Yes No How Many? ______ Where? ____________________________
   a) How were they treated? ____________________________


7. Do you have a history of actinic keratosis? Yes No Where? ____________________________

8. Have you had blistering sunburns? Yes No How Many? ______ Where? ____________________________

9. Have you used a tanning bed? Yes No How often? ______ Whole Life? ______

10. Do you play sports in the sun? Yes No Which sports? ____________________________

11. Do you use sunscreen regularly? Yes No How often? ____________________________


13. Do you wear sun protection clothing? Yes No What do you wear? ____________________________
14. Do you tan easily?   Yes   No
15. Do you burn?         Yes   No
16. Do you blister?      Yes   No
17. Do you peel?         Yes   No
18. Do you freckle?      Yes   No
19. Do you have red hair?  Yes   No

20. Do you have Northern European ancestry (Scandinavian, Irish, English, Scottish, German, etc.)?  Yes   No
21. Have you lived in a sunny climate? Y   es  No  Where? _______________________
22. Have you had any moles biopsied in the past? Yes  No  Where? _______________________
23. If moles have been biopsied where they graded atypical or dysplastic? _________ If atypical who was it graded by _______
24. What kind of work do you do? ______________________________________
25. Does your job require you to work outdoors? Yes  No  If so, do you use sunscreen during work? Yes  No
26. Are you a smoker?     Yes  No

27. Since there are medical conditions that may increase the risk of developing melanoma, we would like to know if you are taking immunosuppressive medications, such as those that are used after a kidney transplant? Yes or No
   Do you have Parkinson’s disease, rheumatoid arthritis, or a history of cancer other than skin cancer (breast, lung, colon, prostate, thyroid, leukemia, lymphoma, other)? ______________________________________

Note:
In preparation for a complete skin cancer screening examination. We prefer that you remove all clothing. However, if you prefer to not have your breasts or genitals examined then you may wear your undergarments during the exam. Please ask the medical assistant if you need makeup remover or nail polish remover so that we may better visualize your face and nails.

Comments: _______________________________________________________________

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Reviewed by: _______________________________________________ Date: ___________________