



**Dermatologic Surgery Center of Washington, LLC**  
**Skin Cancer Treatment Center, LLC**  
5530 Wisconsin Ave, Suite 820  
Chevy Chase, MD 20815  
Maral K. Skelsey, MD, Director  
phone 301.652.8081 • fax 301.652.8627  
www.moHS-md.com

## 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? \_\_\_\_\_
  
6. Is there a history of squamous cell carcinomas? Yes No How Many? \_\_\_\_\_ Where?  
\_\_\_\_\_
  
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?  
\_\_\_\_\_
  
12. What sunscreen do you use? Product Name \_\_\_\_\_ What SPF? \_\_\_\_\_
  
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? Yes 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:

---



---



---



---



---



---

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_