

Patient Name _____

Date _____

P L E A S E - ANSWER ALL QUESTIONS

Are you taking a blood thinner?	NO	YES →	Asprin	Plavix	other
Are you diabetic?	NO	YES →	Insulin	Oral Meds	Diet
Do you have breathing or sleeping problems?	NO	YES →	CPAP	COPD	Asthma Sleep Apnea
Do you have any heart conditions?	NO	YES →	Heart Attack	Stent	Bypass Afibulation
Are you taking any diet pills?	NO	YES →	Adipex	Phentermine	other

AREA OF CONCERN _____ *Example: Forehead, Nose, Right Upper Arm, Left Lower Leg, Back etc.*

Has this area been previously treated?	NO	YES →	drained	frozen	shaved	burned off	excised
					with stitches		
					prescription/medication (name)		

If YES, name of doctor and approximate date of treatment

Do you have a previous history of skin cancer?	NO	YES →	Is there a family history of melanoma?	NO	YES	If YES, who?
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Is the area trauma, travel or work related?	NO	YES	OTHER	details
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P L E A S E CIRCLE ALL THAT DESCRIBE THE AREA

HAS BEEN PRESENT FOR	30 days or less	1 - 6 months	6 - 12 months	1 - 2 years	approximately
SIZE	smaller than a pencil eraser	1/2 the size of a pencil eraser	the size of a pencil eraser	larger than a pencil eraser	larger than
TEXTURE	smooth	rough	thick	crusted	other
CONTOUR	flat	raised	cyst like	uneven	other
SHAPE	round	oval	irregular	linear	other
COLOR	flesh	red OR pink	brown dark OR light	black	other
MOBILITY	freely mobile	skin moves over fixed mass	mass moves with tissues		other
FIRMNESS	soft	firm	hard		other
SEVERITY	no pain	tender	sore	irritating	painful on a scale of 1 -10 (1 =)
SIGNS	bleeds	rapid growth	infected	ulcerated	itches
	burning	draining	redness	warm to the touch	other
MISCELLEANOUS	does not go away	comes and goes	gets better then worse	gets bigger then smaller	area exposed to sun history of sunburns

Patient Signature _____ Date _____

PROVIDER INITIALS _____

