

A few questions about you & your skin



Name: _____ Date of Birth: _____

Allergies: Do you have any allergies or are you sensitive to any drugs or dressings – in particular to medications or sticking plasters?

Yes No Unsure

If yes please specify: _____

Health History: Do you have any medical conditions requiring ongoing treatment or medications?

Current Medications: (Especially Aspirin or Warfarin)

What skin type are you?

Skin Type 1- Never tans, always burns
(extremely fair skin, red or blond hair. Blue/green eyes)

Skin Type 2- Tans slightly, usually burns
(fair skin, freckles, red or light hair. Blue/green/hazel eyes)

Skin Type 3- Tans gradually after initial burn
(darker cream white skin, any eye or hair colour)

Skin Type 4- Tans easily, minimally burns
(olive/brown skin, brown/ black hair, dark brown eyes)

Skin Type 5- Rarely burns, tans darkly easily
(dark brown skin, dark brown or black hair, dark brown eyes)

Skin Type 6- Never burns
(Black skin, black hair, dark brown or black eyes)

How many times in the past have you been badly sunburnt to peeling?

Never A Few Several Regularly

Do you work in the sun?

Yes No Sometimes

Have you been exposed to arsenic through your work e.g cattle dips industry?

Yes No Unsure

Have you ever had a skin cancer diagnosis and had it treated by a doctor?

Yes No Unsure

If Yes, what type/s: SCC BCC Solar Keratosis/ Sunspot Other

Have you ever had a malignant melanoma in the past?

Yes No Unsure

Is there a family history of malignant melanoma?

Yes No Unsure

Do you have a history of other skin cancers in your immediate family?

Yes No Unsure

If yes, who: Father Mother Sibling (Brother/ Sister) Other Relative

Do you have any specific moles, lumps or spots that you would like the doctor to examine?

Yes No Unsure

If yes please specify: _____

In order to check your skin thoroughly, we recommend a full systematic skin examination rather than just a brief check of a few spots. It is important to be aware that some skin cancers can occur even where the sun does not normally shine. To perform a full skin check, we ask that all clothing is removed down to your underwear. Please discuss with the doctor if there are any areas of concern under your underwear.

Please tick what type of skin check you would like:

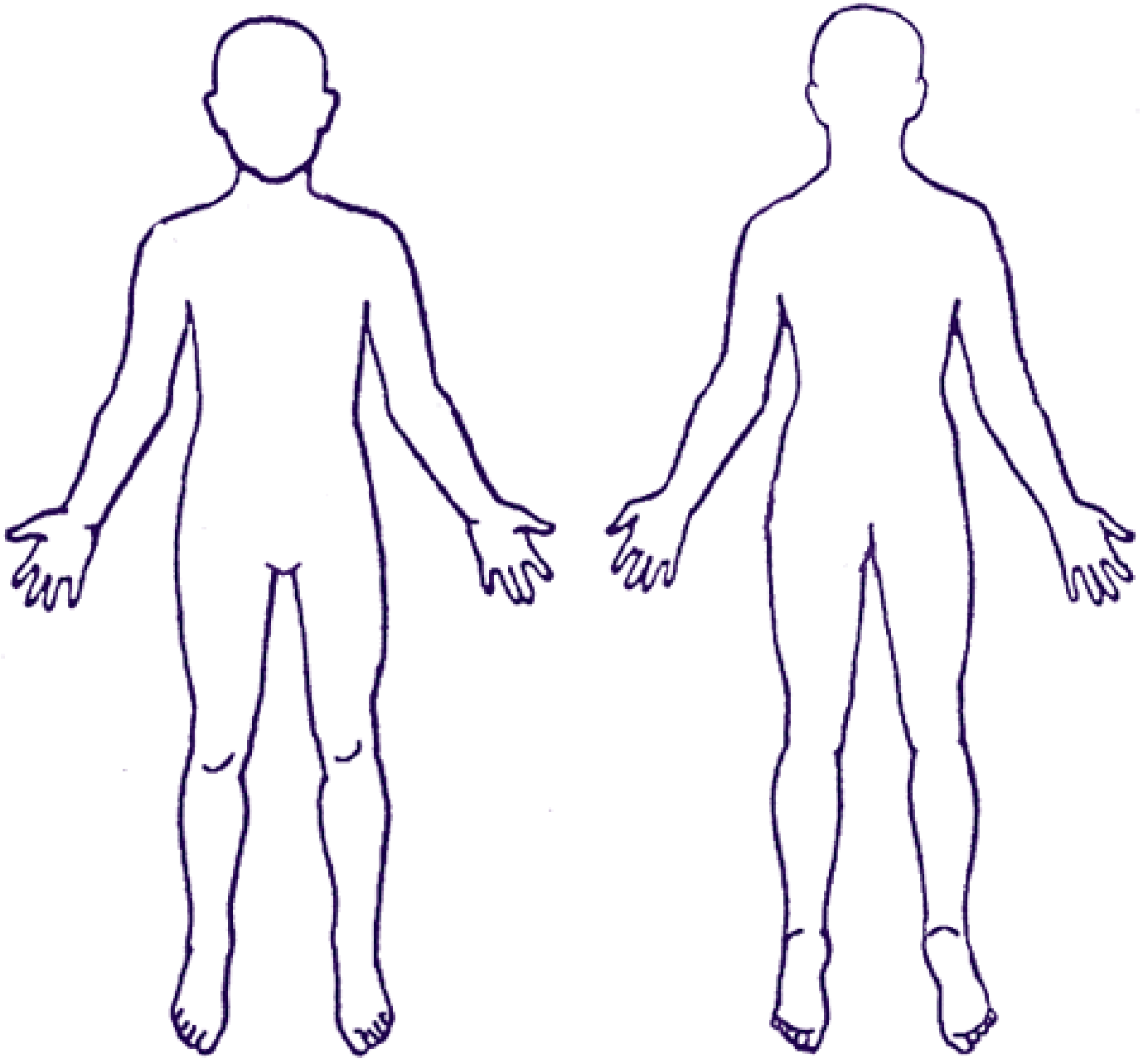
Full Skin Check

Spot Check in the following areas: _____

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Signature of Patient

Date: / /20

Doctor Use only :



General Notes:

Doctor:
Date:

Doctor Stamp