SKIN CANCER SCREENING: PATIENT HISTORY FORM

Last Name	First Name	MI	DOB	Age	Sex
					☐ F ☐ M

Doctor	Doctor Address	Doctor Phone

Family History: *Please check all that apply:*

MOTHER:
☐ Heart Problems ☐ Cancer ☐ Eczema ☐ Psoriasis
☐ Skin Cancer, Basal Cell ☐ Skin Cancer, Squamous Cell ☐ Skin Cancer, Type Unknown ☐ Melanoma

FATHER:
☐ Heart Problems ☐ Cancer ☐ Eczema ☐ Psoriasis
☐ Skin Cancer, Basal Cell ☐ Skin Cancer, Squamous Cell ☐ Skin Cancer, Type Unknown ☐ Melanoma

SIBLINGS:
☐ Heart Problems ☐ Cancer ☐ Eczema ☐ Psoriasis
☐ Skin Cancer, Basal Cell ☐ Skin Cancer, Squamous Cell ☐ Skin Cancer, Type Unknown ☐ Melanoma

CHILDREN:
☐ Heart Problems ☐ Cancer ☐ Eczema ☐ Psoriasis
☐ Skin Cancer, Basal Cell ☐ Skin Cancer, Squamous Cell ☐ Skin Cancer, Type Unknown ☐ Melanoma

Patient Skin Type:

☐ Always burns, never tans, extremely sun sensitive ☐ Burns easily, tans a little, very sun sensitive ☐ Sometimes burns, then tans slowly, sun sensitive ☐ Burns a little, always tans ☐ Rarely burns, tans easily ☐ Never burns, deeply colored

Smoking Status: ☐ Current Smoker ☐ Former Smoker ☐ Non-Smoker

Chewing Tobacco Status: ☐ Current User ☐ Former User ☐ Non-User

Patient Medical History: *Please check all that apply:*

☐ No History of Skin Cancer ☐ History of Skin Cancer, Basal Cell ☐ History of Skin Cancer, Squamous Cell ☐ History of Skin Cancer, Unknown Type
☐ Melanoma ☐ Chronic Acne ☐ Eczema / Dermatitis ☐ Psoriasis
☐ History of Specific Skin Disease ☐ Problems with healing ☐ Develop keliods ☐ Latex – skin allergy
☐ Tape – skin allergy ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C
☐ Breast Cancer ☐ Cervical Cancer ☐ Prostate Cancer ☐ Colon Cancer
☐ Lung Cancer ☐ Thyroid Cancer ☐ Leukemia / Lymphoma ☐ Cold Sores / Herpes
☐ Shingles ☐ Hay Fever ☐ Hives ☐ Food Allergies
☐ HIV / AIDS ☐ Tuberculosis ☐ MRSA (Staph) ☐ Pacemaker
☐ Implantable Defibrillator ☐ High Blood Pressure ☐ Stroke ☐ Heart Attack
☐ Phlebitis or Blood Clot ☐ Diabetes ☐ Lung Disease ☐ Thyroid Disease
☐ Kidney or Bladder Disease ☐ Gastrointestinal Disease ☐ Liver Disease ☐ Colitis
☐ Gluten Sensitivity ☐ Yeast Infection (antibiotics) ☐ Arthritis ☐ Artificial Joints
☐ Seizures ☐ Lupus or connective tissue disease ☐ Anemia ☐ Blood Transfusion
☐ Immune Suppression ☐ Organ Transplant ☐ Anxiety ☐ Depression