

Sun Exposure Health History

First Name:Surname:

Skin Health History

1. Have you ever been diagnosed with any form of skin cancer in the past? Yes No

- If Yes, please indicate the type of skin cancer and what year you were diagnosed
☐ Melanoma ☐ Basal Cell Carcinoma ☐ Squamous Cell Carcinoma ☐ Unsure

Year of diagnosis:

2. Do you have a past history of sunburn (peeling sheets/blisters), phototherapy or solarium use? Yes No

- If Yes, please describe:

.....

3. Do you sunburn easily? Yes No

4. Do you have a skin condition (Psoriasis, dermatitis etc)? Yes No

- If yes, please describe:

.....

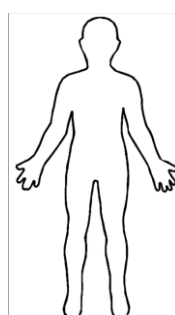
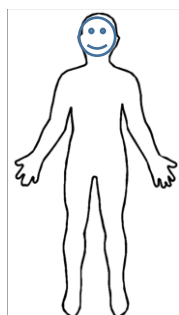
5. Do you have a family history of Melanoma? Yes No

6. Your last skin check was:

7. Have you observed any areas of your skin which has:

- | | | |
|---|-----|----|
| • A new spot that is different from other spots around it | Yes | No |
| • A spot, mole or unusual freckle that has changed in shape, size or colour | Yes | No |
| • A sore that doesn't heal | Yes | No |
| • A skin spot you are worried about | Yes | No |

8. Please indicate on the diagram any areas of particular concern:



What are your concerns today:

.....
.....

Have you had or are you having treatment for:	Yes	No
Cancer of any kind		
Chemotherapy/Radiotherapy		
Diabetes		
Heart Murmur/Valve problems		
Blood clot /DVT/PE)		
Bleeding Disorder		
Immune Suppression/Organ Transplant		
Non-Hodgkin's Lymphoma		

Are you allergic to:	Yes	No	Please list
Medications			
Antibiotics eg. Penicillin			
Anaesthetic Agents			
Iodine/Seafood/Xray agents			
Antiseptics			
Sutures (stitches)			
Dressings			
Tapes/Adhesives			
Latex			
Other			

Are you taking any blood thinners? Yes No
(e.g. Aspirin, Wafarin, Apixaban/Eliquis)

Do you have any Mobility problems:
Sitting Yes No **Lying** Yes No **Turning over** Yes No

Examination

Skin cancers may be found on areas not commonly exposed to the sun. Please be aware that your skin cancer examination will involve undressing to your underwear.

The skin cancer examination will not routinely include an examination of your genitalia area or breasts (females). If you have a skin lesion on your genitals or breasts, or you would like these areas examined for skin cancer, please ask the doctor during your consultation.

I have read the above information and accept that my Doctor at Skin Alive Clinic has no liability for skin cancers located on my genitalia (and breasts for females) if I do not request these areas to be examined.

Examine: Genitalia Yes No Discuss with Doctor
 Breasts (for females) Yes No Discuss with Doctor

Do you consent to photographs of suspicious lesions
being taken and stored in your medical file? Yes No

Signed:

Date: