

A Few Questions About You & Your Skin

Name: _____

Date of Birth: ___/___/_____

1. Allergies: Do you have any allergies or are you sensitive to any drugs or dressings – in particular, to medications or sticking plasters? Yes – Specify: _____ No Unsure

2. Health History: Do you have any medical conditions requiring ongoing treatment or medications?
 No Yes – Specify: _____

3. Current Medications: (Especially Aspirin or Warfarin)
 No Yes – Specify: _____

4. 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)

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

Never A Few Several Regularly

6. Do you work in the sun?

Yes No Sometimes

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

Yes No Unsure

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

Yes – Type? SCC BCC Solar Keratosis/ Sunspot Other No Unsure

9. Have you ever had a malignant melanoma in the past?

Yes No Unsure

10. Is there a family history of malignant melanoma?

Yes No Unsure

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

Yes – Who? _____ No Unsure

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

Yes - Specify: _____ No Unsure

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. Also any skin check is not 100% sensitive and specific so there is a chance of missing lesions under Dermatoscope examination.

Please tick what type of skin check you would like:

Full Skin Check Spot Check in the following areas: _____

Signature: _____ Date: ___/___/_____