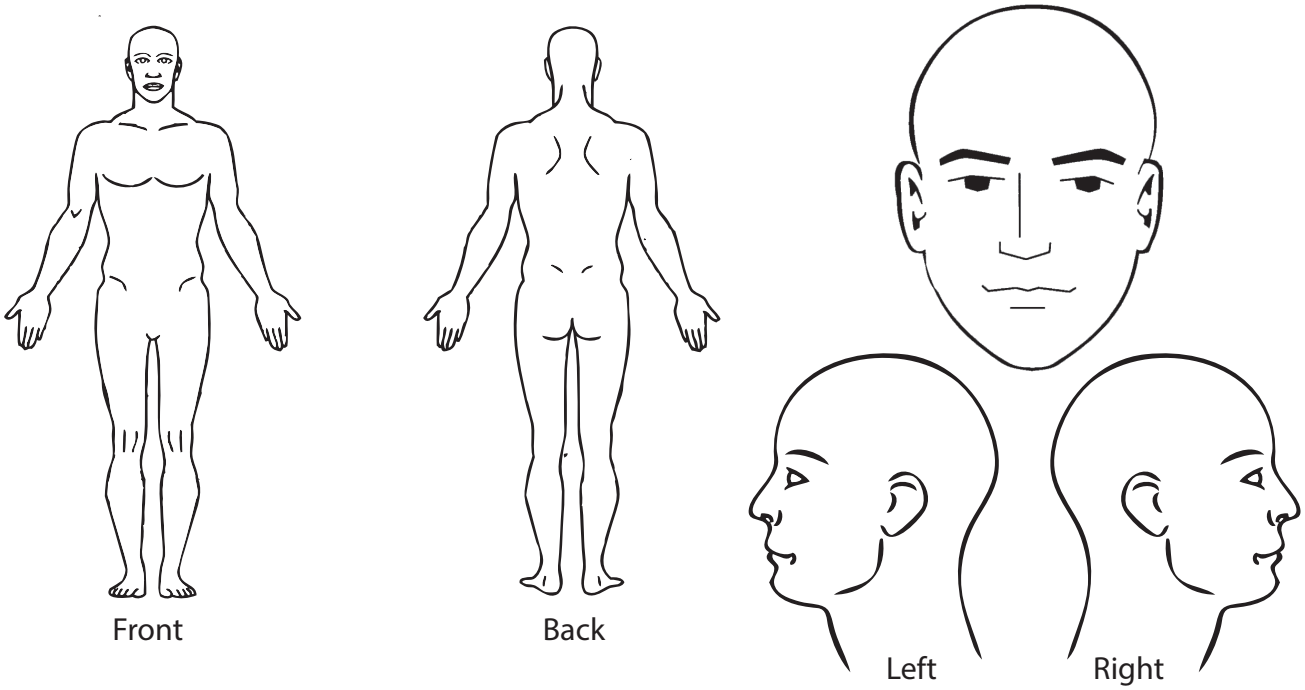
Patient History

The Mission of the doctors working at this clinic is to diagnose and manage skin cancers & related conditions in a caring and professional environment.

1.	**Have you had any of the following Skin Cancers in the past?**		
	Basal cell cancer (BCC)	Yes ☐	No ☐
	Squamous cell cancer (SCC)	Yes ☐	No ☐
	Malignant melanoma	Yes ☐	No ☐
2.	**Has any one in your immediate family had a melanoma cancer?**	Yes ☐	No ☐
	Who was it e.g. mother?		
	Approximate age of person when diagnosed?		
	Was it successfully treated	Yes ☐	No ☐
3.	**Are you allergic to any of the following?**		
	Local Anaesthetics	Yes ☐	No ☐
	Other Medications	Yes ☐	No ☐
	If Yes, please specify		
	Sticking Plasters/Bandaids etc	Yes ☐	No ☐
4.	**Do you have or have you ever had any of the following heart conditions?**		
	Pacemaker	Yes ☐	No ☐
	Heart Valve Problems	Yes ☐	No ☐
	Heart operations	Yes ☐	No ☐
5.	**Do you take any of the following Blood Thinners?**		
	Aspirin/Asasantin	Yes ☐	No ☐
	Warfarin /Plavix /Iscover	Yes ☐	No ☐
	Cortisone	Yes ☐	No ☐
6.	**Do you have any of the following medical conditions?**		
	Breathing difficulties/Lung problems	Yes ☐	No ☐
	Hepatitis B or C	Yes ☐	No ☐
	HIV	Yes ☐	No ☐
	Diabetes Type 1	Yes ☐	No ☐
	Diabetes Type 2	Yes ☐	No ☐
7.	**Have you experienced blistering sunburn more than 5 times**	Yes ☐	No ☐
8.	**Rate your life time exposure to the sun.**	Low ☐ Medium ☐	High ☐

Please turn over...

9.	**Please indicate with an X the following problems on the diagram. Birthmarks, new moles, changing moles or spots of great concern.**



10.	**What is your current occupation?**		
11.	**What was your previous occupation (s)**		
12.	**Do you have Private Health Insurance?**	Yes ☐	No ☐
13.	**If YES please provide name of Health Fund**	Cover	

Title		Names		Surname	
Preferred Name				Date of Birth	
Address					
				Postcode	
Phone No					
Work No					
Mobile No				SMS Reminder	Yes ☐ No ☐
Email					
Medicare No			Ref	Exp Date	
Pension/HCC/DVA number				Exp Date	

Doctors working at this clinic are General Practitioners with special interest in Skin Cancer Medicine. They are not specialists. As a general guide, we recommend annual skin checks and we believe full body checks are best to enable skin cancers in their early stages to be identified and treated. You will be asked to remove your clothing, but leave your underwear on. Some skin cancers especially melanomas may occur on skin that has never been exposed to the sun. The doctor will discretely check the skin under your underwear. If you specifically do not want these areas checked please tell the doctor. It is still your option not to have a full body scan. We endeavour to have a staff member in the room to record clinical notes at the time of your consultation, unless you object.

I consent to the following:

1.	**A full body skin check**	**Yes ☐**	**No ☐**
2.	**A partial body skin check of the following areas**		

I take full responsibility myself for any areas I have not had checked.

Signature:		**Date:**	