COMPREHENSIVE SKIN EXAMINATION

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| **Patient information** | | |
| Examination Date |  | |
| Full Name |  | |
| Date of Birth |  | |
| Do you have allergies to the following? | ❒ Dressings ❒ Medications  ❒ Antiseptic Solutions ❒ Local Anaesthetic  ❒ Bandaids / Plasters / Tapes ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Do you regularly take ? | ❒ Aspirin ❒ Blood pressure medication  ❒ Warfarin/ Clexane ❒ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Skin Type** | | |
| How would you best describe your skin? | ❒ **Skin Type I** | Never tans, always burns. Extremely fair skin, red or blonde hair, blue/green eyes. |
| ❒ **Skin Type II** | Tans slightly but usually burns. Fair skin, freckles, red or light hair, blue/green/hazel eyes. |
| ❒ **Skin Type III** | Tans gradually after initial burn, darker cream/white skin, any eye or hair colour. |
| ❒ **Skin Type IV** | Tans easily, minimal burning, Olive/brown skin, brown/black hair, green/hazel/brown eyes. |
| ❒ **Skin Type V** | Rarely burns, tans dark easily, dark brown skin, dark brown or black hair. |
| **History** | | |
| How many times in the past have you been badly sunburnt to peeling? | | |
| ❒ Never ❒ A few ❒ Several ❒ Regularly | | |
| Have you used a tanning bed? | | |
| ❒ Yes ❒ No If yes, approx. how many hours | | |
| Do you work in the sun? | | |
| ❒ Yes ❒ No ❒ Sometimes | | |
| Have you been exposed to arsenic through work? (Eg. Cattle, dips, industry) | | |
| ❒ Yes ❒ No ❒ Unsure | | |

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| **History** |
| Have you ever had a skin cancer diagnosed and treated by a doctor? ❒ Yes ❒ No |
| If Yes, what type? |
| ❒ SCC ❒ BCC ❒ Solar Keratosis or sunspots ❒ Other |
| Have you ever had a malignant melanoma? |
| ❒ Yes ❒ No ❒ Unsure |
| Do you have 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, what was your relationship? |
| ❒ Mother ❒ Father ❒ Sibling ❒ Other |
| Have you had a joint replacement in the past 5 years? |
| ❒ Yes ❒ No ❒ Unsure |
| Do you have or have you been exposed to HIV, Hepatitis B, Hepatitis C or are you immunocompromised? |
| ❒ Yes ❒ No ❒ Unsure |
| Is there any other medical conditions that the Doctor should know? |
| ❒ Yes ❒ No |

In order to check your skin thoroughly, we recommend a full systematic skin examination rather than just checking 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.

**I understand the above information and I consent to proceed with my skin examination.**

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Name Signature Date

COMPREHENSIVE SKIN EXAMINATION

CONSENT FOR PHOTOGRAPHIC IMAGING

**PATIENT CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Name)

Consent to my photograph/s being taken for my Medical Records. I also consent to these images being used for further medical training and education purposes.

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_