COMPREHENSIVE SKIN EXAMINATION

|  |
| --- |
| **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 ❒ Plavix  ❒ Anticoagulants ❒ 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. |
| **Patient 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 |

|  |
| --- |
| **Patient History (cont)** |
| Have you been exposed to arsenic through work? (Eg. Cattle, dips, industry) |
|  ❒ Yes ❒ No ❒ Unsure |
| Have you ever had a skin cancer diagnosed and treated by a doctor?  |
|  ❒ Yes ❒ No ❒ Unsure |
| If Yes, what type of cancer was it? |
|  ❒ SCC ❒ BCC ❒ 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  |
| Do you have a pacemaker? |
|  ❒ Yes ❒ No  |
| Do you have or have you been exposed to HIV, Hepatitis B, Hepatitis C or are you immunocompromised? |
|  ❒ Yes ❒ No ❒ Unsure |
| Do you have any bleeding disorders or history of excessive bleeding? |
|  ❒ Yes ❒ No ❒ Unsure |
| Are there any other medical conditions that the Doctor should be aware of? |
|  ❒ Yes ❒ No  |

In order to check your skin thoroughly, we recommend a full systematic skin examination. It is important to be aware that some skin cancers can occur even in areas not exposed to sunshine. 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 beneath your underwear.

**I understand the information Dr Samih Guirguis has provided, and I consent to proceeding with my comprehensive skin examination.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_