



MEDICAL HISTORY AND REVIEW OF SYSTEMS

What is your occupation? _____

If retired, what was your occupation? _____

Have you ever had skin cancer? [] No [] Yes

If yes, what type? _____

What year? _____

What treatment did you have? _____

Who was the doctor that treated you? _____

Clinic name and phone number: _____

Have you had an atypical nevus, dysplastic mole, or Clark's Nevus? [] No [] Yes

If yes, what type? _____

What year? _____

What treatment did you have? _____

Who was the doctor that treated you? _____

Clinic name and phone number: _____

Have you had radiation exposure or treatment?

[] No [] Yes

Do you have a history of any specific skin disease?

[] No [] Yes If Yes, please list: _____

Has anyone in your family had melanoma?

[] No [] Yes

Yes, who? _____

(If grandparent, aunt or uncle, please specify if they are maternal or paternal)

Do you have a history of cancer? [] No [] Yes

If yes, what type? _____

If yes, what year were you diagnosed? _____

What type of treatment did you have?

Please circle all that apply:

Surgery Chemotherapy Radiation

Do you have a history of organ transplant?

[] No [] Yes

If yes, what organ? _____

If yes, what year? _____

Do you have a history of immunosuppression?

[] No [] Yes

What is the cause of immunosuppression (medication, disease, etc.)? _____

What year did you start immunosuppression? _____

Do you have any other disease, condition or problem that Doctor should know about?

[] No [] Yes If yes, please list _____

Form Completed by: _____ Date _____ Time _____

If other than patient, list relationship _____

FOR OFFICE USE ONLY

Reviewed by _____ Date _____ Time _____