

Patient: _____

Date: ____/____/____ **D.O.B.:** ____/____/____

Allergies

Current Meds

Skin Cancer Monitoring

High risk patient with personal history of:

- Basal cell carcinoma
- Squamous cell carcinoma
- Malignant melanoma
- Other skin cancer

returns to be monitored for the recurrence of previously excised lesions or check for the development of new lesions

Lesion #1 Location:

Duration

Signs/Symptoms

- Changed size
- Changed color
- Bleeding
- Painful
- Ulcerated
- Other

Lesion #2 Location:

Duration

Signs/Symptoms

- Changed size
- Changed color
- Bleeding
- Painful
- Ulcerated
- Other

Lesion #3 Location:

Duration

Signs/Symptoms

- Changed size
- Changed color
- Bleeding
- Painful
- Ulcerated
- Other

REVIEW OF SYSTEMS:

Y N

- Has trouble healing
- Develops keloids and scars
- Has heart problems
 - pacemaker
 - defibrillator
- Has joint replacement
- Develops allergic reaction to bandages and tapes
- Develops allergic reaction to antibiotic ointments
- Bleeds excessively (anticoagulant therapy)
- Other _____

Patient: _____

Date: ____/____/____ **D.O.B.:** ____/____/____

PAST/FAMILY/SOCIAL HISTORY: (See Sheet Dated ____/____/____)

Sig. Findings/Changes:

Past Medical History:

- 1.
- 2.
- 3.

Past Family History

- 1.
- 2.
- 3.

Past Social History

- 1.
- 2.
- 3.

AREA(S) EXAMINED: (Normal) (Abnormal)

<input type="checkbox"/> Scalp/Hair	_____	_____
<input type="checkbox"/> Head/Face	_____	_____
<input type="checkbox"/> Conj./Eyelids	_____	_____
<input type="checkbox"/> Neck	_____	_____
<input type="checkbox"/> Chest/Breast/Axilla	_____	_____
<input type="checkbox"/> Back	_____	_____
<input type="checkbox"/> Abdomen	_____	_____
<input type="checkbox"/> R ↑ Extrem.	_____	_____
<input type="checkbox"/> L ↑ Extrem.	_____	_____
<input type="checkbox"/> R ↓ Extrem.	_____	_____
<input type="checkbox"/> L ↓ Extrem.	_____	_____
<input type="checkbox"/> Nails	_____	_____

Other:

MEDICAL DECISION MAKING:

- DX:**
- 1.
 - 2.
 - 3.
 - 4.

Minor Procedures

Patient: _____

Date: ____/____/____ **D.O.B.:** ____/____/____

RX/TX:

Discussed:

- Management Options
- Risk
- DX and RX
- Surgery
- Other conditions complicating care:

Counseling x _____ minutes

Signature

____/____/____
Date