

Skin Questions Surgical Oncology

Name:							
First	Mide	dle	Last				
Today's Date:	Dat	te of Birth:					
Doctor who sent you to this clinic:							
Filling out this fo	orm						
• ·			erstand your health and how best to inic staff will help you.				
How was your skin p	roblem discovered	l?					
Have you had a skin	biopsy before?	□ No	\Box Yes, explain				
Have you had a skin	problem before?	🗆 No	\Box Yes, explain				
Has anyone in your family had: (cousins, aunts/uncles, siblings, children, parents, grandparents)							
Skin cancer	🗆 No 🛛 Yes, v	who and at wh	hat age				

Other cancers \Box No \Box Yes, please list who, where the cancer started and age:

Do you have a history of sunburns? \Box No \Box Yes, where and at what age					
Have you used tanning beds? \Box No \Box Yes, when and how often					
Do you have new or unexplained pain in your bones? \Box No \Box Yes, where					
Have you lost weight recently? No Yes, why					
Do you have any other symptoms or specific concerns? \Box No \Box Yes					
If yes, please explain					

Message Consent Form

We make every attempt to get information and results to you quickly. If you have not heard from us, please call us.

Please read the following carefully and **initial** what types of contact you agree to:

 It is okay to leave a d 	etailed message at my hon	ne	Yes	No
 It is okay to leave a detailed message on my cell phone 			Yes	No
 It is okay to call me a 	t work with results and mes	sages	Yes	No
• It is okay to leave a detailed message with the following people				No
List name(s) and rela	tionship:			
I prefer you call me at this ne	umber:			
Cell:	Work:	Home:		
Cell: Are there other healthcare p □ No □ Yes, name(s)	roviders that you would like		ed with?	
Are there other healthcare p	roviders that you would like	e information shar	ed with?	

HLA-5, 12/30/2014