

Dr. Kovacev Skin Cancer Screening Questionnaire

Name: _____

Birthday: _____

Have you ever had a complete skin exam? Yes No

Have you ever had a diagnosis of skin cancer? Yes No

If Yes, what type and when? _____

Do you have a family history of skin cancer? Yes No

Do you have any of the following?

- Dark Pigmented Moles
- Skin Lumps
- Skin Tags
- Skin Ulcers
- Bleeding Skin Lesions
- Freckles
- Skin Lesion That Does Not Heal
- Suspicious Skin Lesion
- Changes to Any Skin Lesions

Do you have any of the following?

	Yes	No
Red Hair		
Fair Skin (pale or light colored)		
Albinism		
More than 50 moles		
Genetic syndrome which makes you sensitive to the sun		
History of Radiation Exposure		

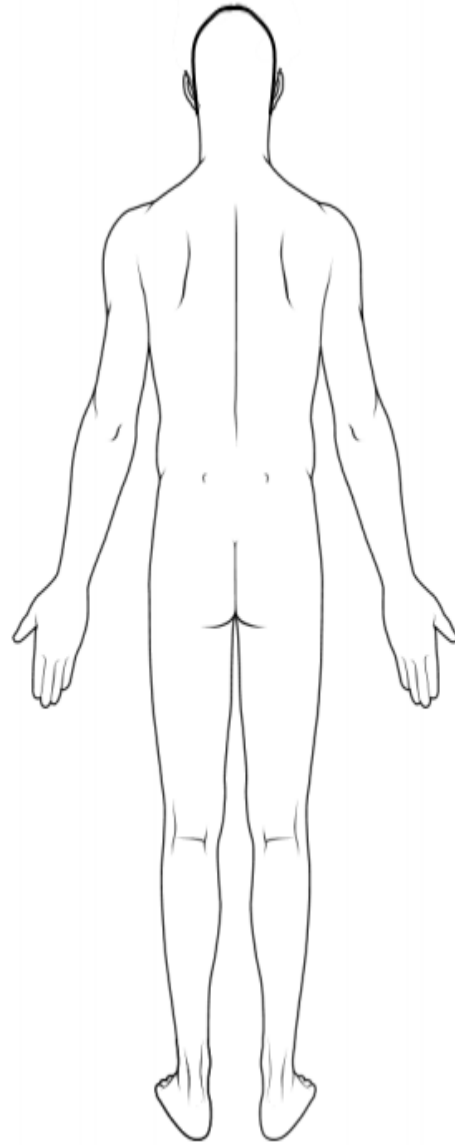
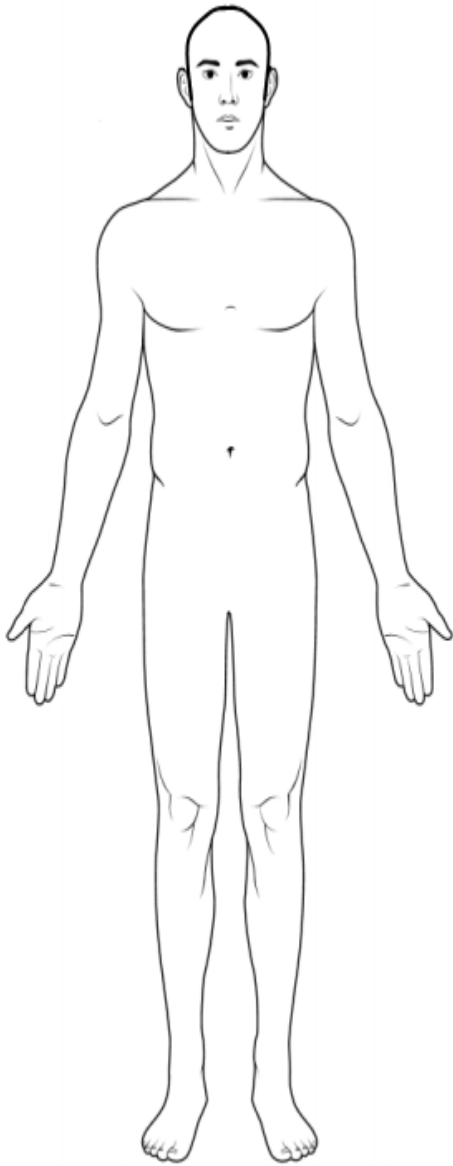
	Yes	No
History of Melanoma		
Have You Ever Used a Tanning Bed		
Have You Been Exposed to Any Dangerous Chemicals		
Have You Ever Had a Sunburn Which Blistered		
History of Basal or Squamous Cell Skin Cancer		
Have You Ever Had a Colonoscopy		

Do you have any of the following?

- History of Cancer of Any Kind
- Received Chemotherapy
- Anal Skin Conditions
- Dark Skin Lesion Which Disappeared

Have you ever had a skin biopsy of a skin lesion? Yes No

Is there anything else you would like to discuss with Dr. Kovacev ?



of Lesions _____

Notes:
