

## 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 (Naturally Occurring)		
Fair Skin (pale or light colored)		
Albinism		
More than 50 moles		
Genetic Syndrome which makes you sensitive to 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 ?
- Taken any Immune Modulating Medications ?

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 ?

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