

PLEASE FILL OUT ENTIRE FORM

NAME _____

Do you have any of the following?

- Depression? Yes No
Anxiety? Yes No
Weight loss? Yes No
Fever? Yes No
Weakness? Yes No
Cough? Yes No
Sore throat? Yes No
Nausea? Yes No
Headache? Yes No
Eye problems? Yes No
Swollen glands? Yes No
New or changing moles? Yes No
Other skin problems? Yes No

Do you use any of the following?

- Alcohol? Yes No
Tobacco? Yes No
Sunscreen? Yes No
Tanning beds? Yes No

Smoking Status (Please circle one)

Never Smoked Current Smoker Former Smoker

Do you have a family history of the following?

- Melanoma? Mother Father Siblings
Other Skin Cancer? Mother Father Siblings

Do YOU have any of these medical conditions?

- Diabetes? Yes No
History of melanoma? Yes No
History of skin cancer? Yes No
Artificial joints? Yes No
Artificial valves? Yes No
Heart disease? Yes No

Dr. Hall recommends that all new dermatology patients have a comprehensive skin exam.
Do you desire a full skin exam? Yes No

- If female, are you pregnant? Yes No
If female, are you nursing? Yes No