

JOHN A. ZITELLI, M.D. & DAVID G. BRODLAND, M.D.

Name _____ DOB _____ Age _____ Sex M F Date _____

Phone - Home _____ Work _____ Cell _____ E-Mail _____

Pharmacy : _____ Emergency Contact and phone _____

Referred by: Self or Dr. _____ PCP name & phone _____

Reason for visit Evaluation of Skin Cancer Follow up - History of Skin Cancer BCC SCC SCIS MM
 OTHER _____ MIS DYSPLASTIC NEVI AK OTHER _____

History of today's problem only:

Skin areas involved _____ HPI LOCATION

How long has the problem been present? _____ DURATION

Was a biopsy done? No Yes Biopsy done by referring doctor JAZ DGB MB Other _____ CONTEXT

Was there any treatment? No Yes When? _____ Type? Mohs Other _____ TIMING

CHECK ALL THAT APPLY TO TODAY'S PROBLEM

Table with 4 columns: Quality, Modifying Factors, Associated Symptoms, Severity. Includes checkboxes for various factors like size, color, elevation, etc.

SYSTEM REVIEW Check all that apply regarding your health and add any other important problems

Table with 4 columns: SKIN, HEMATOLOGIC/LYMPHATIC, CONSTITUTIONAL SYMPTOM, EYES/EARS/NOSE/THROAT. Includes sub-sections for NEUROLOGICAL, RESPIRATORY, INTESTINAL/URINARY, MUSCULOSKELETAL, CARDIOVASCULAR, PSYCHIATRIC, ENDOCRINE, and INFECTIONS.

PAST HISTORY PREVIOUS SKIN CANCER: See Chart None Yes/list: Location & Date _____

Major Illnesses or Hospitalizations: None Yes/list: _____

Organ Transplant Recipient: No Yes/Type: (if heart, any heart valve abnormalities) _____

FAMILY HISTORY SKIN CANCER None Basal cell Squamous cell Melanoma List: _____

SOCIAL HISTORY Occupation: _____ Marital status: S M D W

Do you wear: Dentures Glasses Contact lenses Patient height (inches): _____ Patient weight (lbs): _____

Alcohol: No YES If yes, how many times in the past year have you had: Men: ≥5 drinks in a day Women: ≥4 drinks in a day

Alcohol and/or drug problems/addictions: None Describe _____

Smoking: No Former Yes/packs per day _____