

# MILTON

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## MEDICAL CENTRE

AND SKIN CANCER CLINIC 02 4455 5755

### A FEW QUESTIONS ABOUT YOU & YOUR SKIN

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**ALLERGIES:** Do you have any allergies or are you sensitive to any drugs or dressings – in particular to medications, antiseptic solutions or sticking plasters?  Yes  No  Unsure

If yes, details: \_\_\_\_\_

**HEALTH HISTORY:** Do you have any medical conditions requiring ongoing treatment or medications? \_\_\_\_\_

\_\_\_\_\_  
**CURRENT MEDICATIONS:** (Especially Asprin or Warfarin) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### What skin type are you?

**Skin type I – Never tans, always burns**

(Extremely fair skin, red or blonde hair blue/green eyes)

**Skin type II – Tans slightly, usually burns**

(Fair skin, freckles, red or light hair, blue/green/hazel eyes)

**Skin type III – Tans gradually after initial burn**

(Darker cream, white skin, any eye or hair colour)

**Skin type IV – Tans easily, minimally burns**

(Olive / brown skin, brown/black hair, green /hazel/brown eyes)

**Skin type V – Rarely burns, tans darkly easily**

(Dark brown skin, dark brown or black hair, dark brown eyes)

**Skin type VI – Never burns**

(Black skin, black hair, dark brown/black eyes)

**How many times in the past have you been badly sunburnt to peeling?**

- Never       A Few       Several       Regularly

**Do you work in the sun?**

- Yes       No       Sometimes

**Have you been exposed to arsenic through work eg cattle dips, industry?**

- Yes       No       Unsure

**Have you ever had a skin cancer diagnosed and treated by a Doctor?**

- Yes       No       Unsure

If yes, what type/s:  SCC  BCC  Solar Keratosis/ Sunspot  Other \_\_\_\_\_

**Have you ever had a malignant melanoma in the past?**

- Yes       No       Unsure

**Is there a family history of malignant melanoma?**

- Yes       No       Unsure

**Do you have a history of other skin cancers in your immediate family?**

- Yes       No       Unsure

If Yes, who?

- Father  Mother  Sibling (brother or sister)  Other  Relative \_\_\_\_\_

In order to check your skin thoroughly, we recommend a full systematic skin examination rather than just a brief check of a few spots. It is important to be aware that some skin cancers can occur even where the sun does not normally shine! To perform a full skin check we ask that all clothing is removed down to your underwear. Please discuss with the doctor if there are any areas of concern under your underwear.

# Consent for Photographic Imaging For Milton Skin Cancer Clinic

## Part A - Patient givin own consent

I, ..... give consent for photographic imaging to be taken for my own records and/or may be used for medical educational use.

Signed: .....

Witness: .....

Date: .....

## Part B - Legal Guardian Giving Consent

I, ..... am the Parent/Legal Guardian of  
..... and understand that these images may be used for the patient's medical file and/or medical educational use.

Signed: .....

Witness: .....

Date: .....