

Tel: (02) 4655 6571

www.camdensouthfamilydoctors.com.au

Inspiring Better Health

Skin Cancer Mole Removal REGISTRATION FORM

<u>PLEA</u>	SE NOT	Έ <u>:</u>	Skin	kin cancers can occur in areas not exposed to the sun.										
We t	herefor	e reco	omme	nd un	dressi	ng (do	wn to	undei	wear) fo	or you	ur skin	check.		
Your D	etails:													
TITLE	I	Mr	Mrs	Miss	Ms	Dr		DATE	OF BIRTH	1	/	/_		
SURNA	AME .					_ G	iVEN I	NAMES						
<u>Pleas</u>	e answe	ers to	the fo	llowing	g ques	tions, v	<u>which</u>	will as	sist with	toda	ıy's assı	essment	<i>:</i>	
1.	Your Oc	cupati	on:								_			
2.	-	e. lesio	ns tha	t are ne	w, cha	our skin nging, b in some	leedir	ıg,			Yes□	No 🗆		
3.	Allergie Do you antisep	have d	any alle	ergies o	•		itive to	o any d	rugs or dr	ressing	Yes □ gs – part	No □ cicular to	medications	
4.	Current <i>Especial</i>				Eliquis,	Xarelto	or Pro	adaxa			Yes□			
				_								_		

5.	Have your Parents or Siblings ever had a:	Melanoma?		Yes□	No \square
		or	Skin Cancer ?	Yes□	No \square
6.	Have you ever had any Skin Cancer treatment (including Creams, Freezing or Surgery	Yes□	No 🗆		
7.	Do you have a Heart Pacemaker ?	Yes□	No \square		
8.	Do you have a transmissible infection ? eg. Hepatitis B Hepatitis C AIDS / HIV			Yes□	No 🗆
9.	Do you require a translator?	Yes□	No 🗆		
10.	Do you have any specific moles, lumps or spots that you would like the doctor to examine?	Yes□	No 🗆		

If Yes, please indicate with an X on the body map.

