

# Atlantic Dermatology

## Sun Damage and Skin Cancer Questionnaire

**PLEASE CIRCLE APPROPRIATE ANSWERS**

**IF YOU ANSWER YES, PLEASE EXPLAIN IN THE SPACE PROVIDED**

Personal history of skin cancer / atypical moles Yes/No If yes, please indicate type of cancer, when and how treated and location (Common types are Basal, Squamous and Melanoma):

Prior Sun Damage Treatment Yes/No

EFUDEX / CARAC    ALDARA / ZYCLARA / IMIQUIMOD    BLUE LIGHT    OTHER

Locations Treated and When Treated:

Family history of skin cancer / atypical moles (Genetic Relatives) Yes / No What type?

Lifetime Sun Exposure:

Birthplace \_\_\_\_\_ Where did you spend your youth?

Majority of adult life in sunny climate Yes / No Where?

Blistering sunburns Yes / No About how many?

Tanning bed use Yes / No Average times per week \_\_\_\_\_ Years of use \_\_\_\_\_

Average number of hours outside / week: Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Referring physician:

Other physicians you see:

NAME:

DOB

STAFF INITIALS

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