

## Skin Cancer and Melanoma Questionnaire

Name  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Tobacco Use  No  Cigarettes  Other tobacco \_\_\_\_\_ Date quit? \_\_\_\_\_

State \_\_\_\_\_ Amount of Insurance \_\_\_\_\_ Type of Insurance \_\_\_\_\_

Occupation/Source of income: \_\_\_\_\_

1.A. Type of Cancer:  Basal Cell Carcinoma  Squamous Cell Carcinoma or  
 Malignant Melanoma

B. Location: \_\_\_\_\_

2. Date Cancer diagnosed: \_\_\_\_\_ Date of last treatment: \_\_\_\_\_

3. For Malignant Melanoma – Clark or Breslow level  
 Clark I/ in situ  Clark II/ Breslow less than 0.75 mm  
 Clark III/ Breslow 0.75 to 1.5 mm  Clark IV/ Breslow 1.51 to 4.0 mm  
 Clark V/ Breslow greater than 4.0 mm

4. Any Recurrences ?  No  Yes- Details: \_\_\_\_\_

5. Any metastasis (spread) Beyond the skin?  No  Yes \_\_\_\_\_

6. Treatment:  
 Surgery- Date (s): \_\_\_\_\_  Radiation- Date (s) \_\_\_\_\_  
 Chemotherapy- Type: \_\_\_\_\_  Date (s): \_\_\_\_\_  
 Other Treatment- Detail and dates: \_\_\_\_\_

### General Questions:

1. Do you have any other major health problems?  No  Yes – Details: \_\_\_\_\_

2. List all medications: \_\_\_\_\_

3. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Most recent blood pressure reading: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_