

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: _____