Patient Name_____

Please answer the questions by **COMPLETELY FILLING IN** the correct bubble.
Thank you!

History of Present Illness (Prior to biopsy, if applicable)		
Has the lesion/area changed in size?	O Yes	O No
Has the lesion/area changed in color?	O Yes	O No
Has the lesion/area changed in elevation?	O Yes	O No
Has the lesion/area changed in hardness?	O Yes	O No
Has the lesion/area been bleeding?	O Yes	O No
Has the lesion/area been tingling?	O Yes	O No
Is the lesion/area painful?	O Yes	O No
Is the lesion/area itching?	O Yes	O No
Does the lesion/area have constant symptoms?	O Yes	O No
Does the lesion/area only have occasional symptoms?	O Yes	O No
Was a biopsy done?	O Yes	O No
Was there any treatment done other than biopsy?	O Yes	O No
Dermatology Review of Systems		
Poor healing	O Yes	O No
Abnormal scarring	O Yes	O No
Hematology Review of Systems		
Blood transfusions	O Yes	O No
Bleeding problems	O Yes	O No
Enlarged lymph nodes	O Yes	O No
Constitutional Review of Systems		
Weight loss	O Yes	O No
Fever	O Yes	O No
ENT		
Glaucoma	O Yes	O No
Hearing Aid	O Yes	O No
Plastic surgery	O Yes	O No
Cardiology		
Chest pain/Angina	O Yes	O No
Artificial or abnormal heart valve	O Yes	O No
Pacemaker or Defibrillator	O Yes	O No
High blood pressure	O Yes	O No
Respiratory		
Asthma	O Yes	O No
Emphysema or COPD	O Yes	O No

Gastroenterology

Gastrointestinal cancer history	O Yes	O No
Colitis	O Yes	O No

Musculoskeletal

Arthritis	O Yes	O No
Artificial joints	O Yes	O No

Neurology

Stroke	O Yes	O No
Seizures	O Yes	O No

Psychology

Depression	O Yes	O No
Anxiety	O Yes	O No

Endocrinology

Thyroid disorder	O Yes	O No

Infectious Diseases

Hepatitis	O Yes	O No
HIV/AIDS	O Yes	O No
Tuberculosis	O Yes	O No

Past Medical History

History of UV or X-Ray Treatments	O Yes	O No
History of arsenic exposure	O Yes	O No
History of Immunosuppression	O Yes	O No
Organ Transplant recipient	O Yes	O No
History of Basal Cell Carcinoma	O Yes	O No
History of Squamous Cell Carcinoma	O Yes	O No
History of Melanoma	O Yes	O No
Family History of Melanoma	O Yes	O No
Family History of Basal Cell Carcinoma	O Yes	O No
Family History of Squamous Cell Carcinoma	O Yes	O No