

COSMETIC AND RECONSTRUCTIVE PLASTIC SURGERY CENTER

SKIN MEDICAL HISTORY

PLEASE INDICATE YOUR SUN EXPOSURE:

	LIGHT	MODERATE	HEAVY	SUNSCREEN
IN EARLY YEARS	_____	_____	_____	_____
IN RECENT YEARS	_____	_____	_____	_____

WHAT DESCRIBES THE RESPONSE OF YOUR SKIN WITH SUN EXPOSURE:

_____ ALWAYS BURNS / NEVER TANS

_____ ALWAYS BURNS / SOMETIMES TANS

_____ SOMETIMES BURNS / SOMETIMES TANS

_____ SOMETIMES BURNS / ALWAYS TANS

_____ NEVER BURNS / ALWAYS TANS

HOW MANY TIMES HAVE YOU HAD A SUNBURN IN YOUR LIFETIME _____

HOW MANY TIMES HAVE YOU HAD SUNBURN BLISTERS IN YOUR LIFETIME _____

HAVE YOU EVER HAD SKIN LESIONS EXCISED? YES _____ NO _____

HAVE YOU EVER HAD SKIN LESIONS BURNED OR FROZEN? YES _____ NO _____

HAVE YOU EVER HAD SKIN CANCER REMOVED? YES _____ NO _____

IF YES, WHAT TYPE OF SKIN CANCER WAS IT? _____

DO YOU HAVE A FAMILY HISTORY OF SKIN CANCER? YES _____ NO _____ IF YES, PLEASE EXPLAIN:

PATIENT SIGNATURE _____ DATE _____

PHYSICIAN SIGNATURE _____ DATE _____