

Melanoma – Medical History

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Patient's Name: _____

Age: _____

Reason for today's visit? _____

Do you sunburn easily? _____

Did you get sunburned a lot growing up? _____

Does anyone in your family have melanoma? _____

Does anyone in your family have a lot of moles? _____

Are you taking any Medications? _____

Name : _____ Dose: _____

1. _____

2. _____

3. _____

4. _____

Any Allergies? (please describe _____

Do you have any Major Medical Problems? _____

1. _____

2. _____

3. _____

In the past 6 months, have you taken any

Blood thinners _____

Steroids (cortisone/prednisone) _____

Tranquilizers _____

Recreational drugs _____

Have you had any previous Surgery? _____

1. _____

2. _____

Any problems with surgery? _____

Do you drink alcohol (how much)? _____

Do you smoke (how much)? _____

What is/was your Occupation? _____

Has anyone in your family had cancer? _____

(if yes, please explain)? _____

DO YOU HAVE ANY OF THE FOLLOWING:

GENERAL **YES NO**

Tire easily, weakness.....

Recent weight loss.....

Change in appetite.....

SKIN

Any skin lesions (Removed?).....

HEENT

Visual change.....

Glaucoma.....

Loss of hearing.....

Ringing in ears.....

Sinus problems.....

Sore throat/hoarseness.....

NERVOUS SYSTEM

Convulsions/epilepsy.....

Dizziness/fainting.....

Psychiatric treatment.....

RESPIRATORY

History of Tuberculosis.....

History of Emphysema.....

History of Asthma/hay fever.....

Persistent cough/cold.....

ENDOCRINE/IMMUNOLOGY

Diabetes.....

Thyroid condition/goiter.....

Arthritis/rheumatism.....

Other.....

HEART/BLOOD VESSELS **YES NO**

History of Rheumatic fever.....

Heart murmur.....

Chest pain/discomfort.....

Heart attack/trouble.....

Shortness of breath.....

Swelling of ankles.....

High blood pressure.....

Other heart problems.....

DIGESTIVE SYSTEM

History of Hepatitis.....

History of Jaundice.....

History of Ulcers.....

Black, bloody or pale stools.....

URINARY

Kidney disease.....

Increase in frequency
of urination (night).....

Burning on urination.....

Urethral discharge.....

Bloody urine.....

BLOOD

Bruise easily.....

Anemia.....

Frequent nose bleeds.....

OTHER

Radiation therapy.....

Chemotherapy.....

Radiologic Studies

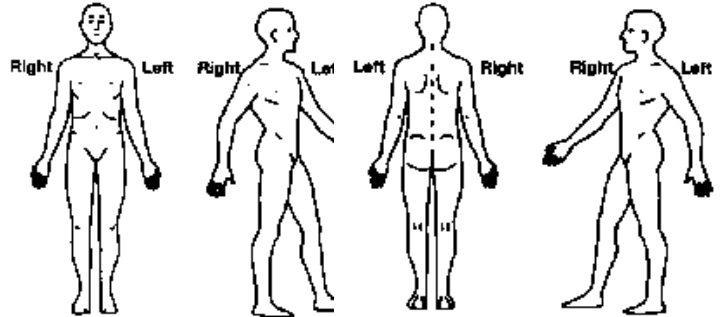
Study	Date	Comment

Pathology

Date	Location	Depth	Level	Ulcer	Regres	Pathology

Nurses Notes

Height: _____ Weight: _____
 BP _____ P _____ R _____ T _____



General:

- Well developed, well nourished _____ who appears their stated age with no obvious deformities

HEENT:

- PERRL, EOMI, sclera anicteric. There is no oral.nasal pathology and the thyroid is normal to inspectin and palpation. There is no appreciable cervical adenopathy, no carotid bruits and the CN II-XII are grossly intact.

Chest/Cardiovascular:

- The chest is normal to inspection, clear to auscultation and there are bilaterally symmetrical breath sounds. There is a RRR, NI S1/S2, No murmurs, rubs or gallops. Pulses +2/4 @ radial/DP and symmetrical

Abdomen:

- The abdomen is normal to inspection/percussion. It is soft, nontender. There are normal bowel sounds. There is no evidence of hepatosplenomegaly. There are no abnormal masses. The stool is heme-negative.

Extremities:

- There is no clubbing, cyanosis or edema, there are no abnormal skin lesions and sensation is intact to light touch.

Impression

Plan
