

Allergies: _____

Medications: _____

Medical History: _____

SKIN CANCER RISK FACTORS

Blistering sun burns? YES/NO

Previous solarium use? YES/NO

Outdoor occupation? YES/NO

Welding? YES/NO

Family history of skin cancer? YES/NO

Are you over 50 years old? YES/NO

Please consider booking in for a full skin check if you answered YES to any of the above

Exposure to dusts or other occupations hazards? YES/NO

FAMILY HISTORY RISK FACTORS

Weak bones (osteoporosis or broken bones from falls) YES/NO

Diabetes YES/NO

High blood pressure YES/NO

High cholesterol YES/NO

Heart disease in male relatives under 50yo and female relatives under 60yo YES/NO

Breast cancer YES/NO If yes how are they related to you? _____

Bowel cancer YES/NO If yes how are they related to you? _____

Lung cancer YES/NO If yes how are they related to you? _____

Prostate cancer YES/NO If yes how are they related to you? _____

Ovarian cancer YES/NO If yes how are they related to you? _____

Thank you. This information helps you and your doctor plan your preventative health to keep you healthy and well.