

Skin Cancer

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had skin cancer, please answer the following:

1. Please list date of first diagnosis _____

2. What type of skin cancer was diagnosed?

basal cell carcinoma

squamous cell carcinoma

malignant melanoma

3. Please note where the skin cancer was located: _____

4. Has the cancer metastasized (spread) beyond the skin?

yes, please give details _____

no

5. Has there been any evidence of recurrence?

yes, please give details _____

no

6. For malignant melanoma only. Please provide all items:

Stage if available

Ulcerated Yes _____ No _____

Clark's Level _____

Thickness in mm _____

Any positive Lymph Node Yes _____ No _____

7. Is your client on any medications?

yes, please give details _____

no

8. Does your client have any other major health problems (ex: heart disease, etc)?

yes, please give details _____

no