

Appointment Date/Time: _____

Client Name: _____

Date of Birth: ____ / ____ / ____



MEDICAL HISTORY

Please circle your Skin Type:

- | | | | | |
|--------------------------------------|--|--|---|------------------------------|
| Type 1
Burns never
tans | Type 2
Burns and
occasionally
tans | Type 3
Tans and
occasionally
burns | Type 4
Tans and rarely
burns | Type 5
Never burns |
|--------------------------------------|--|--|---|------------------------------|

Are there any moles or spots that you or somebody else is concerned about? Where are they?

Has the mole/spot?

- | | | | |
|---------------|-------------|--------------------------|------------------------------|
| Itched | Bled | Grown in
Size | Changed in
Colour |
|---------------|-------------|--------------------------|------------------------------|

SKIN CANCER RISK ASSESSMENT

Circle one answer for each question. Write the points for your answers in the last column. Add up your total points in the column on the right to calculate your risk.

When you go out in the sun, do you burn easily and never tan?	Yes (+1 pt)	No	
Do you have blue or green eyes?	Yes (+1 pt)	No	
Was your natural hair colour at age 20 blonde or red?	Yes (+1 pt)	No	
As a child and teenager did you live mostly in parts of Australia North of a line drawn between Perth and Sydney?	Yes (+1 pt)	No	
Have you had any time type of skin cancer before?	Yes (+5 pts)	No	
Has anyone in your family had a melanoma?	Yes (+2 pts)	No	
How many years have you spent in a job where you work mainly outdoors in the sun?	More than 10 (+2 pts)	5 to 10 years (+1 pt)	Less than 5 years
What is your age group?	60+ (+2 pts)	40-59 (+1 pt)	39 or less
How many moles do you have on the top part of your left arm? (Between your shoulder and elbow?)	More than 3 (+2 pts)	1 to 3 (+1 pt)	None
TOTAL POINTS			
Low Risk = 0-4, Medium Risk = 5 to 9, High Risk = 10 to 17			