

Dr Con Pappas

SKIN CANCER MEDICINE & SURGERY

MB BS (Hons)

Master of Medicine (Skin Cancer)

FSCCA, FACRRM



UNIVERSITY
OF WOLLONGONG
AUSTRALIA



**ACCREDITED
DOCTOR**

SKIN CANCER
COLLEGE
AUSTRALASIA

Full Name	
Date of Birth	
ALLERGIES: Do you have any allergies or are you sensitive to any drugs or dressings – in particular to medications, antiseptic solutions or sticking plasters?	
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CURRENT MEDICATIONS: (Especially Aspirin or Warfarin)	
What skin type are you?	<ul style="list-style-type: none"> <input type="checkbox"/> Skin type I – Never tans, always burns (Extremely fair skin, red or blonde hair blue/green eyes) <input type="checkbox"/> Skin type II – Tans slightly, usually burns (Fair skin, freckles, red or light hair, blue/green/hazel eyes) <input type="checkbox"/> Skin type III – Tans gradually after initial burn (Darker cream, white skin, any eye or hair colour) <input type="checkbox"/> Skin type IV – Tans easily, minimally burns (Olive / brown skin, brown/black hair, green /hazel/brown eyes) <input type="checkbox"/> Skin type V – Rarely burns, tans darkly easily (Dark brown skin, dark brown or black hair, dark

How many times in the past have you been badly sunburnt to peeling?	<input type="checkbox"/> Never <input type="checkbox"/> A Few <input type="checkbox"/> Several <input type="checkbox"/> Regularly
Do you work in the sun?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Have you been exposed to arsenic through work eg cattle dips, industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you ever had a skin cancer diagnosed and treated by a Doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, what type/s?	<input type="checkbox"/> SCC <input type="checkbox"/> BCC <input type="checkbox"/> Solar Keratosis or Sunspots <input type="checkbox"/> Other <hr/>
Have you ever had a malignant melanoma in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Is there a family history of malignant melanoma?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have a history of other skin cancers in your immediate family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, Father or Mother?	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative
<p>In order to check your skin thoroughly, we recommend a full systematic skin examination rather than just a brief check of a few spots. It is important to be aware that some skin cancers can occur even where the sun does not normally shine! To perform a full skin check we ask that all clothing is removed down to your underwear. Please discuss with the doctor if there are any areas of concern under your underwear. I understand (please sign)</p> <hr/>	

