

**SOUTHERN PLAINS MEDICAL CENTER
SKIN CANCER QUESTIONNAIRE WORKSHEET**

What do you want the doctor to check? _____

Have you had previous skin cancer? Yes / No If yes, what type and where?

Squamous cell _____

Basal cell _____

Melanoma _____

Other _____

Do you suntan? _____ Does your skin burn easily? _____

Have you had severe burns in the past? _____

Do other blood relatives have skin cancer? Yes / No

If yes, what type? _____

Do you use sunscreen daily? Yes / No Wear a hat outside? Yes / No

Are you allergic to medications? _____

What medications are your taking? Please include over-the-counter medications and Herbal medications. _____
