



## **SKIN CANCER SCREENING CONSENT FORM**

Welcome to our clinic.

Today you will be screened for the identification of suspicious skin growths/lesions. This involves a full body skin check. We do not routinely do genital or breast region examinations unless the patient has concerning lesions. If any suspicious growths/lesions are found, you will be advised of the next step in management.

This is a preliminary screening only, not a firm diagnosis. Although some growths may be detected by this screening exam, no screening is completely accurate in the detection of skin cancer.

Furthermore, the discovery of a suspicious growth does not necessarily imply the presence of cancer, as this may need to be further checked with a biopsy taken and sent to be examined by a Pathologist.

While we know the only way to effectively deal with skin cancer is to detect it early, there is absolutely no proof that screening will prolong the lives of those diagnosed with skin cancer.

Even if no suspicious growths are found, we encourage you to have routine skin examinations annually. Wearing sun protection including a sun screen with a rating of SPF 50, sun hat, avoiding sun at peak times during the days and protective clothing will prevent UV exposure and skin damage.

Chaperone policy: A nurse will be present during the skin examination of female patients.

A chaperone can be organised for male patients at the patient's request.

It is encouraged for you to have a family member or support person present during this consultation and can be accommodated at your request.

## A FEW QUESTIONS ABOUT YOUR SKIN

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?

\_\_\_\_\_

If yes, details:

\_\_\_\_\_

\_\_\_\_\_

**CURRENT MEDICATIONS:** (especially Aspirin or Warfarin)


**What skin type are you?**

<input type="checkbox"/> Type I – Never tans. Always burns	<input type="checkbox"/> Type IV – Tans easily
<input type="checkbox"/> Type II – Tans slightly. Usually burns	<input type="checkbox"/> Type V – Rarely burns
<input type="checkbox"/> Type III – Tans gradually after initial burn	<input type="checkbox"/> Type VI – Never burns

**How many times in the past have you been badly sunburnt to peeling?**

<input type="checkbox"/> Never	<input type="checkbox"/> Regularly
<input type="checkbox"/> A few	
<input type="checkbox"/> Several	

**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 e.g. 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"/> Sunspot
<input type="checkbox"/> BCC	<input type="checkbox"/> Other
<input type="checkbox"/> Solar Keratosis	

**Have you ever had a malignant melanoma in the past?**

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Unsure

**Do you have a history of skin cancers in your immediate family?**

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Unsure

**If yes, which family members:**

<input type="checkbox"/> Mother	<input type="checkbox"/> Other
<input type="checkbox"/> Father	
<input type="checkbox"/> Sibling (brother or sister)	

In order to check your skin thoroughly, we recommend a full systematic skin examination rather than just a brief check for 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 your doctor if there are any areas of concern under your underwear.

I, \_\_\_\_\_ have read this form and understand its contents. I understand that the results will be released to me and the confidentiality of the data will be maintained within legal limits.

I also allow the clinic to contact me at a later date regarding this examination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_