



**VILLAGE FAMILY MEDICAL CENTRE**  
**A:** 1/1095, Frankston- Dandenong Road,  
Carrum Downs, 3201 |  
**P:** 9783 0045 | **F:** 9783 0049  
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## **SKIN CHECK QUESTIONNAIRE**

Welcome to Village Family Skin Clinic.

Cancer Council Australia states that approximately 2 in 3 Australians will be diagnosed with skin cancer by the age of 70. That is why it is so important to have regular skin checks and report any concerns to your doctor.

To help us provide the best possible care for you, please answer the following questions.

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Have you had a skin check before? Y/N If yes, when \_\_\_\_\_

Do you (or someone else) regularly check your skin? Y / N

What is your eye colour? Blue / Brown / Hazel / Green

What is your natural hair colour? Blonde / Brown / Black / Red

Do you work outdoors? Y/N

Do you regularly use sun protection? Y/N

Rate your sun exposure between the ages of 12-25 years: Low / Medium / High / Extreme

Rate your sun exposure in the last 12 months: Low / Medium / High / Extreme

Have you had blistering sunburn or burns that have peeled, 5 or more times in your lifetime?  
Y/N

How does your skin react to sun exposure? e.g. burns, goes red, tans; \_\_\_\_\_

Have you ever visited a solarium? Y / N If yes, how many times? \_\_\_\_\_ More than 15? Y/N

Have you ever undergone radiation treatment or UV therapy? Y/N

Do you have a family history of skin cancer? Y/N

Are you concerned about any particular mole? Y/N if yes, where? \_\_\_\_\_

Have you noticed any new or changing moles? Y/N

Do any of your moles get itchy or bleed? Y/N

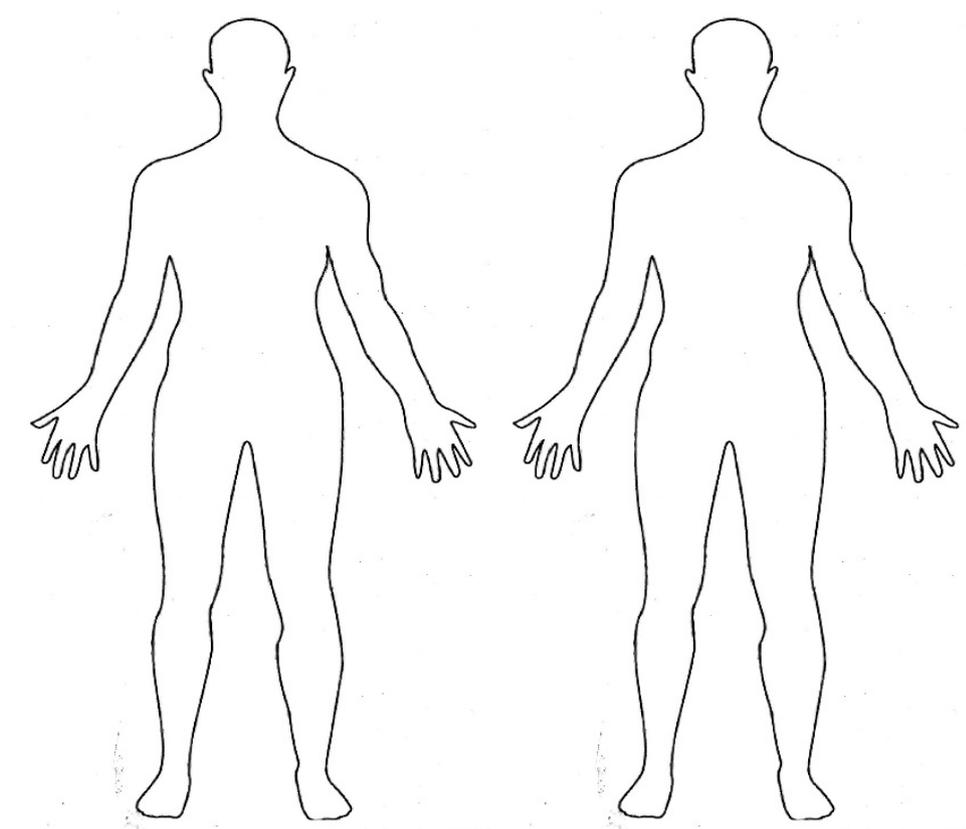
Have you ever had any form of skin cancer? Y/N

Have you had a malignant melanoma? Y/N

Are you taking any regular medications? Y/N If yes please list

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Do you have any spots, lesions or moles that are of concern to you? Y/N If yes please indicate the position on the diagrams below.



**FRONT VIEW**

**BACK VIEW**



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**Patient Consent for Full Skin Examination**

I understand that the full skin examination process is labour intensive and there may be a nurse and/or medical assistant present throughout the screening process.

I have been informed to my satisfaction, about the process of Full Skin Examination and I am aware that the use of clinical photography may be warranted in the management of skin lesions detected during this examination.

I consent to Village Family Skin Clinic Clinicians and staff performing a Full Skin Examination and the use of clinical photography during this examination.

I understand that the clinical photography taken during this examination will be used for diagnostic and treatment purposes. I also understand that the clinical photography may be used for ethically approved research and educational purposes without the inclusion of any of my personal information.

It has been explained to me and I accept that Full Skin Examination and clinical photography are aids to the diagnosis of skin lesions and may not have 100% diagnostic accuracy.

I am aware that if I do not disclose skin lesions or areas of concern that are concealed underneath my underwear, I will accept full responsibility for any clinical outcome that not disclosing or allowing examination of these areas may lead to.

Name: \_\_\_\_\_

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

Date: \_\_\_/\_\_\_/\_\_\_\_\_

