UCF Health
College of Medicine Practice

Patient Name: _____

Date of Birth: _____

DERMATOLOGY HEALTH HISTORY

Skin Cancer History
Have you ever had Basal cell carcinoma or Squamous cell carcinoma: ☐ Yes ☐ No If Yes, when was your most recent one diagnosed or biopsied?:_____
Have you ever had melanoma in situ?: ☐ Yes ☐ No If Yes, where on your body?: _____ and when? _____
Have you ever had melanoma?: ☐ Yes ☐ No If Yes, where on your body?: _____ and when? _____
Have you ever had any other type of skin cancer?: ☐ Yes ☐ No If Yes, what type?: _____ and when? _____
When was your last full body skin check: _____

Family History			
Yes	**No**	**Condition**	**Family Member(s)**
☐	☐	Alopecia Areata	
☐	☐	Basal cell carcinoma	
☐	☐	Eczema	
☐	☐	Lupus	
☐	☐	Melanoma	
☐	☐	Psoriasis	
☐	☐	Squamous cell carcinoma	
☐	☐	Vasculitis	
☐	☐	Vitiligo	
☐	☐	Other	

_____ _____

Patient Signature ***(or caregiver/ parent/guardian if minor)*** **Date**

If signed by the Patient's Representative, please print name and describe relationship to patient or other authority to act:

_____ _____

Name Relationship to Patient