



Melanoma Questionnaire

Name: _____ Date of Birth: _____
Height: _____ Weight: _____ Sex: M/ F
Tobacco Usage: _____ Face Amount: _____
_____Term 10 15 20 30 _____UL

Ask you client for this information. Record as much information as your client can give you.

1. Location of tumor? _____
2. Thickness of tumor; in mm? _____
3. Depth of tumor? _____
4. Clark level? _____
5. Any history of dysplastic nevus syndrome? _____
6. Date of diagnosis? _____
7. Date of surgery? _____
8. Other treatment? _____

9. Date all treatment was completed? _____
10. Any recurrence or more than one melanoma? _____ Dates: _____

11. Date of most recent follow-up? _____
12. Name and address of physician or health facility that will have the most complete records?

