



FULL BODY SKIN EXAM: In order to help in detecting skin Cancer, our physician offers a full body skin exam. This examination would require you to fully undress. Please indicate if you want this exam:

Yes **No**

➤ **WOMEN ONLY:**

Are you taking birth control pills:

Yes **No**

Are you pregnant:

Yes **No**

Are you nursing:

Yes **No**

Do you have any problems associated with your menstrual period:

Yes **No**

Were you referred by a physician:

Yes **No**

If so physician name: _____

How did you hear about us: _____

Signature of Patient

Date