



MELANOMA QUESTIONNAIRE

Client \_\_\_\_\_ Age/DOB \_\_\_\_\_

Date diagnosed? \_\_\_\_\_

How was the cancer treated?

- checkbox Surgery (Dates: \_\_\_\_\_)
checkbox Chemotherapy (Date of last treatment: \_\_\_\_\_)
checkbox Radiation (Date of last treatment: \_\_\_\_\_)

\*Stage?

- checkbox Tis or Stage 0 (melanoma in-situ)
checkbox T1a
checkbox T1b
checkbox T2a
checkbox T2b
checkbox T3a
checkbox T3b
checkbox T4a
checkbox T4b

\*Were any lymph nodes involved? YES checkbox NO checkbox If yes, how many? \_\_\_\_\_

\*Was there any metastatic disease (spread)? YES checkbox NO checkbox

If yes, details: \_\_\_\_\_

\*What was the Breslow thickness in millimeters? \_\_\_\_\_

\*Clark's level (1 through 5)? \_\_\_\_\_

\*Was there any ulceration noted on the pathology report? YES checkbox NO checkbox Don't know checkbox

Any history of the following (check all that apply)?

- checkbox History of atypical or dysplastic nevus...if yes, how many? \_\_\_\_\_
checkbox History of more than one melanoma (Dates: \_\_\_\_\_)
checkbox Recurrence of a melanoma (Details: \_\_\_\_\_)
checkbox Family history of melanoma (Details: \_\_\_\_\_)
checkbox Family history of atypical or dysplastic nevus
checkbox History of any other type of cancer (complete appropriate questionnaire)

Date of most recent full body skin exam by a dermatologist? \_\_\_\_\_

Have you ever used tobacco? YES  NO

If yes, type of tobacco used? Cigarettes  Cigars  Chew  Pipe  Other: \_\_\_\_\_

Date of last use: \_\_\_\_\_

Any other major health impairments? \_\_\_\_\_

\_\_\_\_\_

Any medications? \_\_\_\_\_

\_\_\_\_\_

**\*We strongly suggest including the actual pathology reports from the original biopsy as well as those from any further excision(s) of the melanoma in order to provide a more meaningful quote.**