

Welcome to the Saltwater Medical Skin Cancer Clinic

Our skin cancer services are backed by leading diagnostic tools and are delivered by the GPs you know and trust.

Your **Comprehensive Skin Cancer Check** today is a dedicated 40-minute skin consultation (please book a separate appointment for other medical issues). The fee for your **Comprehensive Skin Cancer Check** is \$180 (or \$144 for patients who qualify for our discount rates). Medicare eligible patients will receive a rebate of \$76.85.

During your Comprehensive Skin Cancer Check your doctor:

- will review the information you provide and discuss your skin history
- will use an advanced dermatoscope (specialised skin microscope) to examine moles, freckles, lesions or bumps on your head, face, neck, torso, legs, feet, arms, and hands
- may record some of them digitally in your chart for future review
- will provide recommendations for treatment (if required), frequency of future checks, and provide you with educational materials

You will need to undress down to your underwear. Please wear loose clothing and slip-on shoes. **Please do not wear makeup or nail polish.** Your doctor will not routinely inspect genital areas, but should you have a spot of concern, please advise the doctor. You are welcome to bring a chaperone and modesty sheets will be provided.

What happens if the Doctor finds a suspicious lesion?

Your Doctor will let you know if they have found concerns. They will explain your options, recommend a treatment plan and discuss costs which vary depending on the issue. Simple treatments (cryotherapy or a simple biopsy) may be done at your Skin Check, time and financial consent permitting. More complex procedures are booked into a surgical clinic so that appropriate resources and nursing support is available.

Common treatment options:

- Cryotherapy
- Biopsy / Shave
- Curettage
- Excisions
- Non-Surgical Treatments

Comprehensive Skin Cancer Check Pre-Questionnaire

First Name: _____ Surname: _____

Date of Birth: ____ / ____ / ____ Phone Number: _____

Address: _____

1. Have you had skin check before? Yes No If yes, when? _____
2. Do you (or someone else) regularly check your skin? Yes No If yes, how often? _____
3. What is your eye colour? Blue Brown Hazel Green Other _____
4. What was your natural hair colour at age 18? Blonde Brown Black Red Other _____
5. Do you work outdoors? Yes No
6. Do you regularly use sun protection? Yes No If yes, what? Hat Cover up Sunscreen
7. Rate your sun exposure between the ages of 12-25 years: Low Medium High Extreme
8. Rate your sun exposure between in the last 12 months: Low Medium High Extreme
9. Have you had a blistering sunburn before age 12, or more than 5 times in your life? Yes No
10. How does your skin react to sun exposure? Burns Goes red Tans Other _____
11. Have you used a solarium more than 6 times? Yes No If yes, how many times? _____
12. Have you ever undergone radiation treatment or UV therapy? Yes No

13. Are you on blood thinners? Yes No

If yes, please list: _____

14. Do you have a pacemaker? Yes No

15. Do you have a family history of skin cancer? Yes No

If yes, please give details: _____

16. Have you ever had any form of skin cancer? Yes No

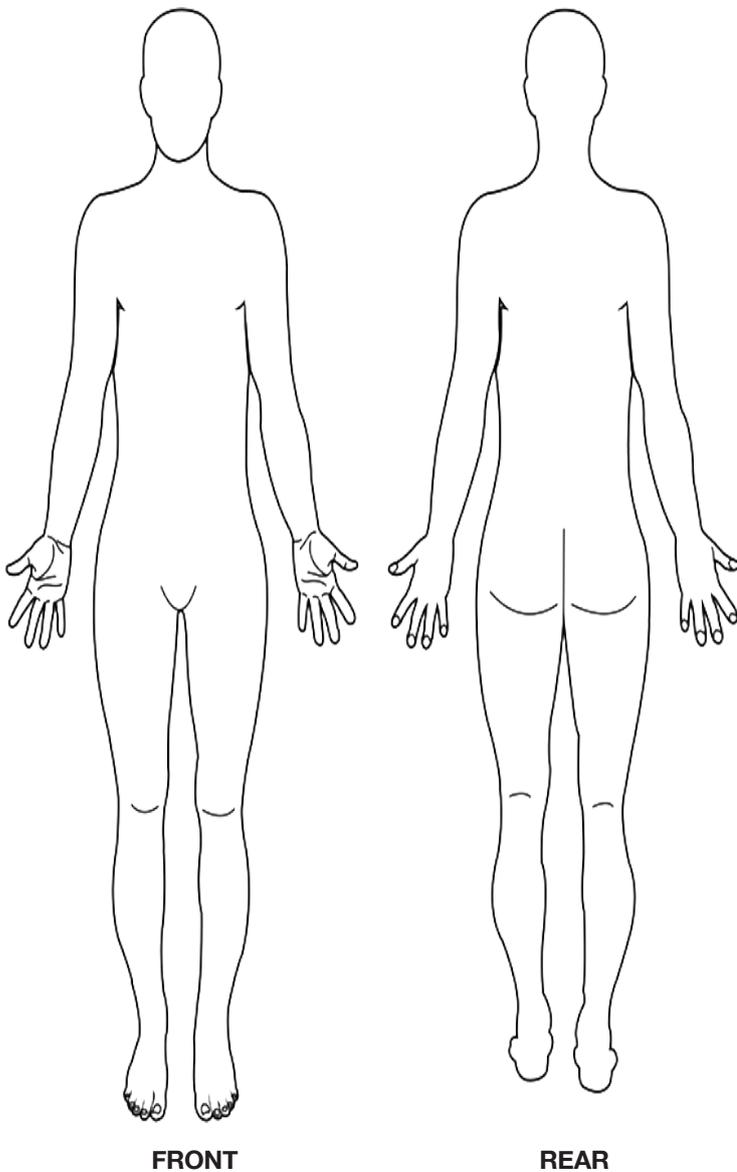
If yes, what type?: BCC SCC Melanoma Other (give details) _____

17. Are you concerned about any particular mole or spot? Yes No

18. Have you noticed any new or changing moles? Yes No

19. Do any of your moles get itchy or bleed? Yes No

If yes to questions 17-19, please mark the spot/s of concern on the body map and write details below.



Patient Consent

- I understand the Comprehensive Skin Examination process is labour intensive and there may be a nurse or other assistant present throughout the screening process.
- I have been informed to my satisfaction about the process of a Comprehensive Skin Examination and I am aware that the use of clinical photography may be warranted in the management of skin lesions detected.
- I understand the clinical photography taken during this examination will be used for diagnostic and treatment purposes and de-identified clinical photographs may be used for ethical research/educational purposes.
- I accept that a Comprehensive Skin Examination and clinical photography are aids to the diagnosis of skin lesions and may not have 100% clinical accuracy.
- I am aware that if I do not disclose skin lesions or areas of concern that are concealed by my underwear that I will accept full responsibility for any clinical outcome that not disclosing or allowing examination of these areas may lead to.
- I am aware that I am able to bring a chaperone to my Comprehensive Skin Examination.
- I consent to the clinicians and staff performing a full skin examination and the use of clinical photography, as described above, during this examination.

FIRST NAME: _____

SURNAME: _____

SIGNATURE: _____

DATE: _____ / _____ / _____



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