APAMSA
ASIAN PACIFIC AMERICAN MEDICAL STUDENT ASSOCIATION

Screening Date:
Screening Location:

Patient Health Information

PARTICIPANT: Please answer questions 1 through 5

1. When you go into the sun, do you (please choose one):
   - ☐ Always burn, never tan
   - ☐ Usually burn, tan with difficulty
   - ☐ Sometimes burn, usually tan
   - ☐ Rarely burn, tan easily
2. Have you ever had skin cancer? ▢ Yes ▢ No If yes, was it melanoma? ▢ Yes ▢ No
3. How many moles do you have? ▢ Fewer than 20 ▢ More than 20
4. Have you noticed any moles that recently changed in size, color, or shape? ▢ Yes ▢ No
5. Have you ever had your skin checked for cancer by a dermatologist or another doctor? ▢ Yes ▢ No ▢Unsure

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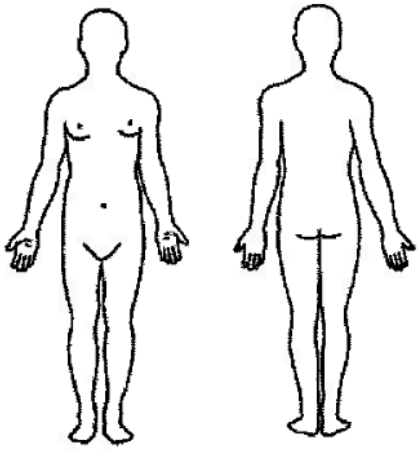
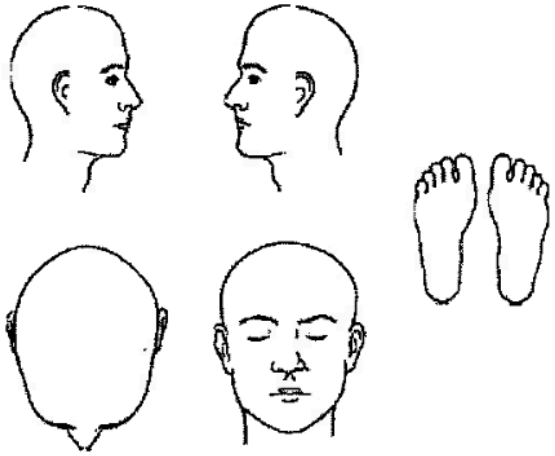
EXAMINER: To be completed by the screening provider





Presumptive Diagnosis: Please check all that apply below

- ☐ Seborrheic keratosis
- ☐ Actinic keratosis
- ☐ Dysplastic nevus
- ☐ Congenital nevus
- ☐ Basal-cell carcinoma
- ☐ Squamous-cell carcinoma
- ☐ Melanoma
- ☐ Other

Comments: (Normal/Abnormal? Referral recommended?)

_____

_____

_____
Screening Provider Signature

_____
Screening Provider Name (Print)

First Name: _____

Last Name: _____

Date of Birth: _____ Age:_____