

## FEDERAL UNIVERSITY OF ESPÍRITO SANTO DERMATOLOGICAL AND SURGICAL ASSISTANCE PROGRAM

## **CLINICAL APPOINTMENT QUESTIONNAIRE**

Patient's full name:	
Healthcare ID Number:	
SESSION 1 – QUESTIONS ABOUT THE PA	TIENT
1) Age: years.	
2) Gender: ( ) Male ( ) Female	
3)Father's descendancy:	
4) Mother's descendancy:	
5) Does your house have piped water?	( ) Yes ( ) No
6) Does your house have a sewer system?	( ) Yes ( ) No
7) Do you smoke?	( ) Yes ( ) No
8) Do you drink alcohol?	( ) Yes ( ) No
9) Have you ever had skin cancer?	( ) Yes ( ) No
10) Has anyone in your family ever had any type of cancer?	( ) Yes ( ) No
11) Do you use pesticides at work?	( ) Yes ( ) No
SESSION 2 – QUESTIONS ABOUT THE SKIN	LESION
1) Fitzpatrick Scale: ( ) I ( ) II ( ) III ( ) IV ( ) V (	) VI
2) Anatomical region:	
3) Horizontal diameter:	
4) Vertical diameter:	

6) Has it grown? 7) Does it hurt? ( ) Yes ( ) No 8) Has it changed its appearance? ( ) Yes ( ) No 9) Has it bled? ( ) Yes ( ) No 10) Does it have an elevation? ( ) Yes ( ) No 11) Clinical diagnostic:  SESSION 3 – ANATOMOPATHOLOGICAL EXAMINATION*  Result of excisional biopsy:  * If applica  * If applica  * The PHYSICIAN	5) Has it itched?	( ) Yes ( ) No				
8) Has it changed its appearance? ( ) Yes ( ) No 9) Has it bled? ( ) Yes ( ) No 10) Does it have an elevation? ( ) Yes ( ) No 11) Clinical diagnostic:  SESSION 3 – ANATOMOPATHOLOGICAL EXAMINATION*  Result of excisional biopsy:  * If applica  * If applica	6) Has it grown?	( ) Yes ( ) No				
9) Has it bled? ( ) Yes ( ) No 10) Does it have an elevation? ( ) Yes ( ) No 11) Clinical diagnostic:  SESSION 3 – ANATOMOPATHOLOGICAL EXAMINATION*  Result of excisional biopsy:  * If applica  * If applica	7) Does it hurt?	( ) Yes ( ) No				
10) Does it have an elevation?  ( ) Yes ( ) No  11) Clinical diagnostic:  SESSION 3 – ANATOMOPATHOLOGICAL EXAMINATION*  Result of excisional biopsy:  * If applica  * If applica	8) Has it changed its appearance?	( ) Yes ( ) No				
SESSION 3 – ANATOMOPATHOLOGICAL EXAMINATION*  Result of excisional biopsy:  * If applica  * If applica	9) Has it bled?	( ) Yes ( ) No				
SESSION 3 – ANATOMOPATHOLOGICAL EXAMINATION*  Result of excisional biopsy:  * If applica  Date:  STAMP AND SIGNATURE OF	10) Does it have an elevation?	( ) Yes ( ) No				
Result of excisional biopsy:  * If applica  Date:  STAMP AND SIGNATURE OF	11) Clinical diagnostic:					
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