



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 PATIENT

- 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: _____

- 5) Has it itched? Yes No
- 6) Has it grown? Yes No
- 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 applicable.

Date: _____.

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|---|
| STAMP AND SIGNATURE OF THE PHYSICIAN |
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