

\*\*\*Please Complete Section A

# HISTORY & PHYSICAL

**A**

NAME: \_\_\_\_\_ FAMILY PHYSICIAN: \_\_\_\_\_ AGE: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

<b>MEDICATIONS</b>	<b>SURGERY</b>	<b>MEDICAL PROBLEMS</b>	<b>DO YOU SMOKE?</b> Y/N <b>DO YOU DRINK ALCOHOL?</b> Y/N <b>WHAT MEDICINES ARE YOU ALLERGIC TO?:</b>  <b>ARE YOU ALLERGIC TO LATEX?</b> Y/N
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**HAVE YOU OR A FAMILY MEMBER HAD A PROBLEM WITH GENERAL ANESTHESIA?** Y/N

**DOES ANYONE IN YOUR FAMILY HAVE SKIN CANCER OR MELANOMA?** Y/N

**FEMALE PATIENTS:** LMP: \_\_\_\_\_ LAST MAMMOGRAM \_\_\_\_\_

ARE YOU PREGNANT? Y/N ARE YOU BREAST FEEDING? Y/N

**B**

PE: T P R BP  
 GEN: WD WN NAD  
 HEENT: NCAT EOMI  
 NECK: NT  
 CV: SR  
 PULM: CTA  
 ABD: SOFT NT ND  
 EXT: NO CCE  
 NEURO: MOTOR/SENSORY WNL  
 LAN: AXILLA Y/N  
 INGUINAL Y/N H/N Y/N

**DERM LESIONS/GROWTHS:**

#1 LOCATION: \_\_\_\_\_ SIZE: \_\_\_\_\_ CM ELEVATED: Y/N VERRUCOUS Y/N  
 COLOR: BROWN/RED/WHITE/TAN/BLACK/BROWN/SPECKLED NODULAR Y/N  
 BOARDERS: SMOOTH/SCALLOPED BLEEDING Y/N PEDUNCULATED Y/N

#2 LOCATION: \_\_\_\_\_ SIZE: \_\_\_\_\_ CM ELEVATED: Y/N VERRUCOUS Y/N  
 COLOR: BROWN/RED/WHITE/TAN/BLACK/BROWN/SPECKLED NODULAR Y/N  
 BOARDERS: SMOOTH/SCALLOPED BLEEDING Y/N PEDUNCULATED Y/N

#3 LOCATION: \_\_\_\_\_ SIZE: \_\_\_\_\_ CM ELEVATED: Y/N VERRUCOUS Y/N  
 COLOR: BROWN/RED/WHITE/TAN/BLACK/BROWN/SPECKLED NODULAR Y/N  
 BOARDERS: SMOOTH/SCALLOPED BLEEDING Y/N PEDUNCULATED Y/N

#4 LOCATION: \_\_\_\_\_ SIZE: \_\_\_\_\_ CM ELEVATED: Y/N VERRUCOUS Y/N  
 COLOR: BROWN/RED/WHITE/TAN/BLACK/BROWN/SPECKLED NODULAR Y/N  
 BOARDERS: SMOOTH/SCALLOPED BLEEDING Y/N PEDUNCULATED Y/N

SQ CYSTIC MASS: LOCATION \_\_\_\_\_ SIZE \_\_\_\_\_ CM TENDER Y/N MOBILE Y/N

SQ CYSTIC MASS: LOCATION \_\_\_\_\_ SIZE \_\_\_\_\_ CM TENDER Y/N MOBILE Y/N

ACTINIC KERATOSIS: RED, FLAKY, OVAL, FLAT SIZE \_\_\_\_\_ CM

LOCATION: \_\_\_\_\_

SKIN TAGS: BROWN/BLACK PEDUNCULATED NEOPLASMS # \_\_\_\_\_ NECK/AXILLA/GROIN

A: NEOPLASM OF UNCERTAIN BEHAVIOR \_\_\_\_\_

BCCA \_\_\_\_\_ SCCA \_\_\_\_\_ AK \_\_\_\_\_ SKIN TAG(S) \_\_\_\_\_

SEBACEOUS CYST \_\_\_\_\_ WART(S) \_\_\_\_\_ MELANOMA \_\_\_\_\_

P: EXCISION \_\_\_\_\_ TODAY-SEE OP NOTE SCHEDULED IN ASC

INFORMED CONSENT OBTAINED AFTER THE RISKS, BENEFITS AND ALTERNATIVES DISCUSSED WITH THE PATIENT (MOTHER/FATHER), INCLUDING INFECTION, BLEEDING, WOUND HEALING PROBLEMS, RECURRENCE, HYPERTROPHIC-KELOID SCARRING, NERVE DAMAGE, NEED FOR ADDITIONAL SURGERY, HEMATOMA, SEROMA, ALOPECIA AT OPERATIVE SITE-NO GUARANTEE MADE AS TO AESTHETIC OUTCOME.

LIQUID NITROGEN \_\_\_\_\_ BIOPSY \_\_\_\_\_ 1% LIDOCAINE

W/15BP-SPECIMEN TO PATH F/U \_\_\_\_\_ ICD-9 238.2/782.9/701.9/706.2 CPT \_\_\_\_\_

MARC S. SCHEINER M.D DATE \_\_\_\_\_