the DERMATOLOGY GROUP P.A

# Mohs Consult Form



**Patient Name:** _____ **Date:** _____ **Acct:** _____
**(For Office Use Only)**

**Where on the body are you having Mohs Surgery?** _____

## What type of cancer are you treating that requires Mohs Surgery?

- ☐ Basal Cell Carcinoma Basosquamous
- ☐ Cell Carcinoma Dermatofibroma
- ☐ Sarcoma Protuberans Desmoplastic
- ☐ Trichoepithelioma Lentigo Maligna
- ☐ Melanoma
- ☐ Merkel Cell Carcinoma
- ☐ Microcystic Adnexal Carcinoma
- ☐ Squamous Cell Carcinoma
- ☐ Squamous Cell Carcinoma in Situ
- ☐ Does not apply

☐ Other: _____

## What best describes your skin cancer? (Please check all that apply)

- ☐ Asymmetric
- ☐ Asymptomatic
- ☐ Bleeding
- ☐ Draining
- ☐ Excised
- ☐ Growing
- ☐ Not Healing
- ☐ Oozing
- ☐ Scaly
- ☐ Spreading
- ☐ Tender
- ☐ Treated
- ☐ None

☐ Other: _____

## What symptoms are associated with your skin cancer? (Please check all that apply)

- ☐ Burning
- ☐ Itching
- ☐ Stinging
- ☐ Does not apply

☐ Other: _____


- ☐ 2850 Morningside Drive | Mt. Dora, FL 32757 — P: 352-383-0733 F: 352-383-7112
- ☐ 515 W. SR 434, Suite 210 | Longwood, FL 32750 — P: 407-332-8080 F: 407-260-0602
- ☐ 300 E. Hazel Street | Orlando, FL 32804 — P: 407-898-3033 F: 407-898-0739

**Who is your referring Dermatologist?** (Name) _____

**Address:** _____

**Phone:** _____ **Fax:** _____

**Has this cancer been biopsied before?** ☐ Yes ☐ No

**How long have you had this skin cancer?** _____

## Check all that apply:

- ☐ a current Infection
- ☐ a Defibrillator
- ☐ a Pacemaker
- ☐ an Artificial Heart Valve
- ☐ an Artificial Joint within the past 2 years
- ☐ Anticoagulation Medication
- ☐ Arrhythmia
- ☐ Basal Cell Skin Cancer
- ☐ Bleeding Disorders
- ☐ Cardiac Valve Disease
- ☐ Coronary Artery Disease
- ☐ Dysplastic Nevi
- ☐ Family History of Melanoma
- ☐ Family History of Non-melanoma Skin Cancer
- ☐ Hepatitis C HIV
- ☐ Immunosuppressed
- ☐ Lidocaine Allergy
- ☐ Lives Alone
- ☐ Melanoma
- ☐ Organ Transplant recipient
- ☐ Premedicating prior to Surgeries
- ☐ Prior Mohs Surgery done by us
- ☐ Prior Mohs Surgery done elsewhere
- ☐ Prior Mohs Surgery done to the area by us
- ☐ Prior Mohs Surgery done to the area done elsewhere
- ☐ Prior Treatment to the area by Cryotherapy
- ☐ Prior Treatment to the area by Electrodesiccation and Curettage
- ☐ Prior Treatment to the area by Excision
- ☐ Prior Treatment to the area by Mohs
- ☐ Prior Treatment to the area by XRAY therapy
- ☐ Prior XRAY therapy for a previous skin cancer
- ☐ Resides at Nursing Home
- ☐ Squamous Cell Skin Cancer
- ☐ Stroke
- ☐ Uses a Walker
- ☐ Uses a Wheelchair
- ☐ Does not apply

☐ Other: _____