

NON-PIGMENTED LESION REFERRAL FORM MATER UNIVERSITY HOSPITAL

Patient Details:

Surname: _____

First Name: _____ DOB: _____

Address: _____

Tel: _____

Hospital Number: _____

Interpreter required: Yes No

Gender: Male Female Wheelchair assistance: Yes No

General Practitioner Details:

Name: _____

Address: _____

Tel: _____

GP Signature: _____

Date of referral: _____

Medical council registration number: _____

REFERRAL INFORMATION

Pigmented lesion: No Yes (see NCCP Pigmented lesion referral form)

Site: Central Face Ear: Lip Nose Periorbital Chin Temple Scalp

Hand: Feet Genitalia: Cheek: Forehead: Neck: Non-sun exposed site:

RIGHT LEFT

Size: <5mm 5-10mm 10-20mm >20mm

Raised lesion: Yes No Ulcerated: Yes No Crusted: Yes No

Duration of symptoms (weeks): _____ Painful lesion: Yes No

Do you think this is: SCC BCC SCC insitu AK Other _____

Has this lesion been biopsied already: Yes No

Documented expansion over 2 months, if yes describe: No Yes _____

RISK FACTORS

Previous history of skin cancer Immunosuppression Solid organ transplant significant sun exposure

Site of prior radiation Smoker Fair complexion

Allergies: No Yes Please specify: _____

Anticoagulants

Aspirin Clopidogrel Warfarin NOAC

Past medical history: _____

Comments: _____