Extended Medical History Questionnaire for Skin Cancer

(This detailed questionnaire helps the doctor assess risk factors, symptoms, and relevant medical history. Please complete it carefully!)

I. Personal Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Gender:** ☐ Male ☐ Female
- **Phone Number:** _____
- **Address:** _____
- **Occupation:** _____
- **Occupational exposure to hazardous substances** (e.g., arsenic, pesticides, hydrocarbons)?

☐ Yes ☐ No

If yes, specify: _____

II. Personal Medical History

- **Have you ever been diagnosed with skin cancer?**

☐ Yes ☐ No

If yes, specify the type:

☐ Melanoma ☐ Basal Cell Carcinoma ☐ Squamous Cell Carcinoma ☐ Other:

_____

- **If diagnosed with skin cancer, what treatments have you received?**

(e.g., surgical excision, radiation therapy, chemotherapy, immunotherapy, Hedgehog inhibitors, other specific treatments)

_____

- **Have you ever been diagnosed with any other type of cancer?** *(e.g., breast, prostate, pancreas, colon, etc.)*

☐ Yes ☐ No

If yes, specify the type: _____

• If the answer is "Yes," what treatments have you received for this cancer? *(e.g., surgery, chemotherapy, radiation therapy, targeted therapies, etc.)*

_____

_____

• Have you been diagnosed with a genetic mutation that increases your risk of developing skin cancer? *(e.g., mutations in BRCA, CDKN2A genes, etc.)*
☐ Yes ☐ No
If yes, specify the type: _____

• Do you have any chronic dermatological conditions? *(e.g., psoriasis, eczema, vitiligo)*
☐ Yes ☐ No
If yes, specify: _____

• Do you have an autoimmune disease or a weakened immune system?
☐ Yes ☐ No

• Are you taking any medications that increase skin sensitivity to sunlight? *(e.g., antibiotics, diuretics, topical or systemic retinoids, NSAIDs such as ibuprofen, naproxen, ketoprofen, antidepressants, blood pressure medications, statins, antimalarial drugs such as chloroquine, hydroxychloroquine)*
☐ Yes ☐ No
If yes, specify the medication(s): _____

III. Family Medical History

• Is there a history of skin cancer in your family?
☐ Yes ☐ No
If yes, specify the relatives and type of cancer:

_____

• Are there any other genetic conditions associated with skin cancer in your family?
☐ Yes ☐ No ☐ Don't know
If yes, specify the relatives and type of conditions: _____
If Don't know consult with medical worker.

IV. UV Exposure and Risk Factors

• How much time do you spend in the sun daily?
☐ <30 min ☐ 30 min – 1 hour ☐ 1-3 hours ☐ >3 hours

• Have you ever had severe sunburns with blisters?
☐ Yes ☐ No
If yes, how many episodes? _____

• Do you use sunscreen daily?
☐ Yes ☐ No
If yes, what SPF? _____

• Do you use oils/creams without SPF for rapid tanning while exposed to the sun?
☐ Yes ☐ No
If yes, specify: _____

• Do you frequently visit tanning salons?
☐ Yes ☐ No
If yes, how often? _____

• Have you lived in an area with high-intensity solar radiation (tropics, mountains)?
☐ Yes ☐ No

• What is your skin type according to the reaction to the sun?
☐ Pale white skin, blue/green eyes, blond/red hair; Always burns, does not tan
☐ Fair skin, blue eyes; Burns easily, tans poorly
☐ Darker white skin; Tans after initial burn
☐ Light brown skin; Burns minimally, tans easily
☐ Brown skin; Rarely burns, tans darkly easily
☐ Dark brown or black skin; Never burns, always tans darkly

• Have you been exposed to toxic chemicals (arsenic, hydrocarbons(engine oil, machine oil, tar, smoke, etc))?
☐ Yes ☐ No
If yes, specify: _____

V. Skin Evaluation and Symptoms

• Have you noticed any skin changes in the last six months?
☐ Yes ☐ No If yes, what type of changes?
☐ New moles ☐ Color changes ☐ Increase in size
☐ Bleeding ☐ Itching ☐ Persistent ulcers

• Have you noticed red, scaly patches or lesions that do not heal?
☐ Yes ☐ No

• Do you experience pain or increased sensitivity in affected areas?
☐ Yes ☐ No

• How often do you examine your skin?
☐ Monthly ☐ Every 6 months ☐ Annually ☐ Never

VI. Lifestyle and Habits

• Do you smoke?
☐ Yes ☐ No
If yes, for how many years? _____

• Do you consume alcohol?
☐ Yes ☐ No
If yes, how often? _____

• Do you follow a balanced diet rich in vitamins and antioxidants?
☐ Yes ☐ No

• Do you attend regular dermatological check-ups?
☐ Yes ☐ No
If yes, last visit:
_____

• Do you use skincare products with natural ingredients?
☐ Yes ☐ No

VII. Additional Observations

(Mention any other symptoms or skin-related concerns.)

VIII. CONSENT REGARDING THE PROCESSING OF PERSONAL DATA

In accordance with Regulation (EU) 2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data (GDPR), the "Victor Babeș" University of Medicine and Pharmacy in Timișoara processes your personal data for the purpose of conducting the screening, diagnosis, and treatment program for skin cancer and/or liver cancer within the HEPASKIN project.

The data will be processed strictly for medical purposes, as follows:
✓ Screening and diagnosis for skin cancer and/or liver cancer
✓ Monitoring of patients in cross-border medical registries
✓ Providing a personalized treatment plan
✓ Anonymous statistical reporting for the improvement of medical services

Your data will remain confidential and protected in accordance with GDPR regulations. They will be accessible only to authorized medical personnel and will not be shared with third parties without your consent, except as required by law.

Patient Agreement
☐ I agree to the processing of my personal data for the purposes mentioned above.
☐ I give my consent for my data to be included in the cross-border registry for skin and/or liver cancer, for medical monitoring purposes.
☐ I agree to be contacted for monitoring my health condition and for future medical appointments.

📌 **Attention**! Refusal to provide this data may limit your access to certain screening and treatment services.

IX. Signature

Patient's Signature : _____
Date: _____