

For office use only	
Lu, Mike, Shelley	
1. New pt with a biopsy:	yes/NA
a. pt informed of biopsy/noted on path	yes/no
b. PCP/referring MD send/fax report	yes/no
biopsy logged and pt informed?	yes/no
2. Melanoma new? letter to PCP/surgeon	yes/no/NA
3. Melanoma hx, no sympt. Imaging?	no/NA
4. Melanoma hx: recall/blue card	yes/no/NA
5. Psoriasis: biologic + TB test	yes/no/NA
6. Psoriasis: biologic/oral, improvement in psoriasis score since treatment?	yes/no/NA

Dermatology East

Name Age Date Chart #

As part of the government recommendations for quality and improvement please answer the following questions. Please circle. Thanks.

1. Is this your first visit to our office? If no please go to question #2.
- a. If this is your first visit to the office and a skin biopsy is necessary may we send your pathology report to your referring/ primary care physician?
- Physician's Name: _____
- Physicians phone number: _____

2. Do you have a history of melanoma skin cancer? If no go to question #3.
- a. If yes answer below.
- Do you have any bumps or black/brown color in the excision/scar of the melanoma?
- Noticed any swollen lymph nodes (knots) under the arms, groin or neck?
- Any unexplained bone pain, shortness of breath, yellowing of skin, severe headaches?

3. Do you have psoriasis of your skin and is your psoriasis being treated with biologics/shots? Circle which one: Enbrel, Humira, Stelara, Cosyntex or Taltz
- If so have you had a TB:tuberculosis skin test in the last year? Date:

4. Do you have psoriasis and are on a biologic/shot or pill (Otezla, methotrexate, Soriatane)?
- If yes, please ask for the quality of life questionnaire form from staff.