

Biltmore Dermatology

80 Peachtree Rd, Suite 106

Asheville, NC 28803

828-232-5222 Fax 258-3003

Date: _____

Referring Physician: _____

CC:

Do you have a family history of melanoma? _____ If so, list relationship:

Where did you grow up? _____

What was your natural hair color growing up? _____ Any red in it? Y / N

Do you have a history of blistering sun burns as a child? _____ How many? _____

Do you have a history of tanning bed use? _____ If yes, is your use current? _____

Did you have an outdoor occupation as a young adult? (lifeguard, landscaping, construction, camp counselor) _____

Physician Signature: _____ Date: _____