

LESION QUESTIONNAIRE (i.e. cyst, moles, growths, birthmarks)

Name _____

Date _____

	Lesion #1	Lesion #2	Lesion #3	Lesion #4
Location of Lesion				
When did you first notice this lesion?				
Color of Lesion?				
Have you noticed any bleeding?				
Is it itchy?				
Is it painful?				
Any recent change in size, shape or color?				

***INSURANCE ONLY ALLOWS A MAXIMUM OF 4 LESIONS REMOVED PER VISIT**

FOR OFFICE USE ONLY

Size of Lesion				
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_____ **Physician Initials**