



Haddonfield
Dermatology[®]
 ASSOCIATES

Name: _____ Date _____

Patient Skin History

Item	Details
<input type="checkbox"/> No Significant Skin History	
<input type="checkbox"/> Abnormal Mole(s)	_____
<input type="checkbox"/> Acne	_____
<input type="checkbox"/> Actinic Keratosis	_____
<input type="checkbox"/> Basal Cell Carcinoma	_____
<input type="checkbox"/> Eczema	_____
<input type="checkbox"/> Herpes Simplex Virus	_____
<input type="checkbox"/> Malignant Melanoma	_____
<input type="checkbox"/> Other Suspicious Lesion	_____
<input type="checkbox"/> Psoriasis	_____
<input type="checkbox"/> Radiation Exposure	_____
<input type="checkbox"/> Rosacea	_____
<input type="checkbox"/> Squamous Cell Carcinoma	_____
<input type="checkbox"/> Thermal Burn	_____
<input type="checkbox"/> Urticaria/Hives	_____

Real dermatologists

Karen Rebecca Suchin, MD | Erika G. Levine, MD

caring for real people.®

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