

A patient with a suspected melanoma may be referred to a consultant dermatologist or plastic surgeon for diagnosis. All patients with a confirmed melanoma should be discussed at the melanoma or skin cancer MDT at the Cancer Centre for Further Management.

POST or FAX this FORM to the address below.

Pigmented Lesion Clinic,
 Dermatology Department,
 South Infirmary Victoria University Hospital, Old Blackrock Road, Cork.
 Tel: (021) 492 6280 Fax: (021) 492 6628

Patient Details

Surname: _____
 First Name: _____ DOB: _____
 Address: _____

 Mobile No: _____ Tel day: _____
 Tel evening: _____
 Hospital No. (if known): _____
 First language: _____ Interpreter required: Yes No
 Gender: Male Female Wheelchair assistance: Yes No

General Practitioner Details

Name: _____
 Address: _____

 Telephone: _____ Mobile: _____
 Fax: _____
 GP Signature: _____ Date of Referral: _____
 Medical Council Registration No.: _____

Referral Information (please tick relevant boxes):

Is this a pigmented lesion?

Yes No

Site: _____ Size: _____ mm

Duration of symptoms
_____ (weeks)

Do you think this is:

- A likely melanoma
 A changing mole – requires assessment
 A benign mole, but would like an opinion
 Ugly duckling sign (*Mole or lesion which looks different than the patient's other moles*)
 Other (*please specify*) _____

MELANOMA CHARACTERISTICS:

The ABCDE Lesion System

- A** Asymmetry in two axes
 B Irregular Border
 C At least two different Colours in lesion
 D Maximum Diameter >6mm
 E Evolution of lesion

Risk Factors

- Atypical moles
 A large number of moles (>50)
 Fair complexion e.g. fair skin, blue eyes, red/blond hair
 A previous melanoma or other non-melanoma skin cancer
 Immunosuppression
 A family history of melanoma
 History of childhood sunburn
 Sun bed exposure

Past medical history:

Anticoagulants: Yes No
 Aspirin Plavix Warfarin Other
 If yes please specify _____
Allergies: Yes No
 If yes please specify _____

Comments:

FOR HOSPITAL USE:

Date of referral received: _____
 Date of appointment offered: _____ Dates patient available: _____
 Reason patient did not accept first appointment offered: _____

Skin Team Triage

- Urgent referral
 Soon
 Routine referral

Triaged by: _____