

SKIN LESION/LIPOMAS/MASSES/CYST

Patient name _____ Date _____

1. When diagnosed & by whom? _____

2. Onset, when was it noticed? _____

3. Location? _____

4. Drainage? _____

5. Characteristics:

Size: _____

Color: _____

Itching: _____

Pain: _____

Shape: _____

6. Change in appearance since previous being examined or since first noted:

7. Precipitating factors (camping, hiking, known spider/insect bite, etc.....)

8. Alleviating Factors: _____

9. Biopsy completed? Yes _____ No _____
Where _____ When _____

10. Treatment (antibiotic pills/creams, warm soaking, etc....)

11. Comments: _____

