ACMS American College of Mohs Surgery

SEACOAST SKIN SURGERY

Phone: 910-256-2100
Fax: 910-256-7999

Identification of Biopsy Location and Photographs

It is critical for our surgical team to identify the correct location of your skin cancer biopsy site. Many times the biopsy site will heal so well that it can be difficult to identify the exact location by the time you reach our office for surgery. We ask for your assistance in making sure you know the exact location of your biopsy **BEFORE** your appointment date.

Any type of photograph (Polaroid, digital, traditional, cell phone) can be taken with the biopsy site circled in pen. Please be sure to take a close up photograph and a general location photograph showing other body areas for reference. It is also helpful to take this photo as soon as possible after the biopsy.

You may then bring your photo with you to our office. If you have a digital camera or your referring physician took a photograph these can be emailed to **photo@seacoastskinsurgery.com**. If you are emailing or sending us a photo please provide the patients name and date of birth with your photo. Please send us this information as soon as possible so we can file it and have it ready with your chart.

Although photographs are very helpful they are not necessary if you cannot provide one in a convenient manner. Some patients have also found it easy to mark the biopsy site with a permanent magic marker (Sharpie). If you choose to do this then please mark next to the biopsy site or circle it but **do not** mark on top of it. If your biopsy site is very obvious then photos or marking are not necessary.

Thank you for your assistance. We are trying to provide the best and most efficient healthcare possible.

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ATTENTION!!!

PATIENTS WITH A DEFIBRILLATOR WITH OR WITHOUT A PACEMAKER

If you have an internal defibrillator with or without a pacemaker please call our office before you scheduled appointment and ask for a nurse. Before you call please obtain the following information:

1. The make and model number of your defibrillator. This is found on the wallet ID card that your cardiologist provided you. If you lost this card please call you cardiologist and get the necessary information.

Make: ☐ Guidant ☐ Medtronic ☐ St. Jude ☐ Other: _____

Model #: _____

2. The name and phone number of your cardiologist:

Name: _____

Phone: _____

Now call our office at 910- 256-2100 and ask for a nurse. Give her the date and time of your surgery and the information above. Please call as soon as possible since we need to contact the company that manufactured your defibrillator BEFORE your appointment.

Thank you for helping SeaCoast Skin Surgery be prepared to provide you the safest and highest level of healthcare!

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New Patient Registration Form

****Please completely fill out and bring with you to your appointment****
****Please also bring and present your insurance cards for copies to be made****

Name: _____ Email: _____

Billing/Mailing Address: _____

_____
City State Zip Code

Date of Birth:_____ Social Security #: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

Employer: _____
Name Address Phone

Spouse: _____Spouse Birth Date: _____ Spouse Cell Phone: (_____) _____

Emergency Contact: Name _____Phone: (_____) _____ Relation: _____

Who referred you to SeaCoast Skin Surgery? _____

The staff at SeaCoast Skin Surgery is dedicated to informing you of our financial policies and your insurance coverage for the procedures you will be receiving here. PAYMENT IS EXPECTED AT THE TIME OF SERVICE FOR YOUR PORTION OF OTHE CHARGES COVERED BY INSURANCE. OUR OFFICE WILL PRE-VERIFY YOUR INSURANCE. YOU WILL BE RESPONSIBLE FOR ANY CO-INSURANCE, CO-PAYMENTS, OR UNMET DEDUCTIBLE. WE ACCEPT CASH, PERSONAL CHECK, VISA, MASTERCARD, AND AMERICAN EXPRESS.

I understand and accept this financial policy. I also authorize SeaCoast Skin Surgery to release any medical information necessary to my referring or primary care physician, to medical consultants if needed, and to the insurance company(s) listed below in order to process my claims. I also authorize payment of medical benefits to SeaCoast Skin Surgery when an assigned claim is filed to the insurance company(s) listed below:

Primary Insurance: _____ Group/Policy #: _____

Secondary Insurance: _____ Group/Policy #: _____

Name of Policy Holder (if other than patient): _____ Birth Date: _____

Relation to Policy Holder: _____

_____ _____
Signature of Patient or Legal Guardian Date

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New Patient Evaluation & History Form

Name: _____ Date: _____ Birth Date: _____
Last First Middle

I. Other Physicians:

Family Doctor: _____
Name Address Phone #

Other Specialist: _____
Type Name Address Phone #

Other Specialist: _____
Type Name Address Phone #

Who referred you to SeaCoast Skin Surgery? _____

What was the reason for your referral? (please check all that apply)

☐ Biopsy proven Skin Cancer(s) ☐ Suspicious lesion not biopsied ☐ Atypical moles needing further surgery

☐ Other: _____

II. BIOPSY INFORMATION: Please fill out the table for all biopsies

	Diagnosis:	**Location**	**Biopsy Date**	**Has the area been treated before?**	**How long has the area been present?**	**What symptoms did you have?** (Check all that apply)
Biopsy #1	☐ Basal Cell ☐ Squamous Cell ☐ Melanoma ☐ Atypical Mole ☐ Other:			☐ Yes ☐ No Explain if yes explain method(s) & date(s)		☐ Brand New Growth ☐ Bleeding ☐ Won't heal ☐ Increase in size ☐ Pain ☐ Numbness ☐ Tingling ☐ Color change ☐ None. My doctor found it ☐ Other: _____
Biopsy #2	☐ Basal Cell ☐ Squamous Cell ☐ Melanoma ☐ Atypical Mole ☐ Other:			☐ Yes ☐ No Explain if yes explain method(s) & date(s)		☐ Brand New Growth ☐ Bleeding ☐ Won't heal ☐ Increase in size ☐ Pain ☐ Numbness ☐ Tingling ☐ Color change ☐ None. My doctor found it ☐ Other: _____
Biopsy #3	☐ Basal Cell ☐ Squamous Cell ☐ Melanoma ☐ Atypical Mole ☐ Other:			☐ Yes ☐ No Explain if yes explain method(s) & date(s)		☐ Brand New Growth ☐ Bleeding ☐ Won't heal ☐ Increase in size ☐ Pain ☐ Numbness ☐ Tingling ☐ Color change ☐ None. My doctor found it ☐ Other: _____
Biopsy #4	☐ Basal Cell ☐ Squamous Cell ☐ Melanoma ☐ Atypical Mole ☐ Other:			☐ Yes ☐ No Explain if yes explain method(s) & date(s)		☐ Brand New Growth ☐ Bleeding ☐ Won't heal ☐ Increase in size ☐ Pain ☐ Numbness ☐ Tingling ☐ Color change ☐ None. My doctor found it ☐ Other: _____

III. MEDICATIONS: please check all that apply and fill in the table. List all vitamins, supplements, and over the counter agents

☐ Aspirin ☐ Coumadin ☐ Plavix ☐ Aggrenox ☐ Prednisone ☐ Imuran ☐ Cellcept ☐ Cyclosporine

1.	4.	7.	10.
2.	5.	8.	11.
3.	6.	9.	12.

Comments: _____

IV. ALLERGIES (please list all allergies that you know of)

☐ I have no known allergies

Are you allergic to any numbing medicines? ☐ No ☐ Yes

What was the reaction? _____

What numbing medicines do you tolerate?_____

Allergy	Reaction
1.	
2.	
3.	

Allergy	Reaction
4.	
5.	
6.	

V. SKIN CANCER HISTORY

Do you have a history of skin cancer? If yes fill in the table below

Type of Skin Cancer	Yes	No	Location(s):	Approximate Date of Treatment	Method of Treatment
Basal Cell Carcinoma	☐	☐			
Squamous Cell Carcinoma	☐	☐			
Melanoma	☐	☐			
Other:	☐	☐			

VI. OTHER CANCER HISTORY

Have you had other types of cancer? If yes fill in the table below

Type of Cancer	Approximate Date of Treatment	Method of Treatment	Doctor
1.			
2.			
3.			
4.			

VII. OTHER PAST MEDICAL HISTORY (please place a check in any category that is a yes)

☐ **I. History of Bleeding Problems?**

- ☐ Are you an "easy bleeder" or do you have problems clotting? Explain _____
- ☐ Have you ever had problems with bleeding from prior surgeries or dental procedures? _____
- ☐ Have you ever been tested for your clotting ability? _____
- ☐ Do you have a known Genetic Bleeding Disorder?: _____

☐ **II. Immune System Problems?**

- ☐ Have you had an Organ Transplantation? Date and Type: _____
- ☐ Do you have Chronic Lymphocytic Leukemia (CLL)
- ☐ Immunosuppression Medications (list): _____
- ☐ HIV
- ☐ Other:_____

☐ **III. Cancer Causing Exposures?**

- ☐ History of Arsenic Exposure? _____
- ☐ History of Radiation Therapy? _____ For Acne in the 50's and 60's?: Yes No
- ☐ Other: _____

☐ **IV. Poor Wound Healing or Abnormal Scar Formation?**

- ☐ History of keloids: (location)_____
- ☐ History of abnormal scar formation: _____
- ☐ Explain any other problems in these areas:_____

☐ **V. Heart & Vascular Disease?** (check all that apply)

- ☐ Pacemaker: Date & Type _____ ☐ Defibrillator: Date & Type _____
- Reason for pacemaker or defibrillator: _____
- ☐ Artificial Heart Valves: Date & Type _____ Reason: _____
- ☐ Artificial Stents: Date(s)_____
- ☐ ByPass Surgery (dates): _____
- ☐ Heart Attack(s) (dates): _____
- ☐ High Blood Pressure ☐ Peripheral Vascular Disease ☐ Mitral Valve Prolapse ☐ Rheumatic Fever
- ☐ Other Heart Disease: _____
- ☐ Stroke(s) Dates:_____
- ☐ Have you had the vessels in your neck cleaned out (carotid endarterectomy)? _____

☐ **VI: Artificial Joints or Implants?**

Location & Type: _____

Do you normally take antibiotics before surgery or dental procedures because of these implants? _____

Do you have a history of any of the following?

	Yes	No
Diabetes	☐	☐
Cochlear Implant	☐	☐
Glaucoma	☐	☐
Psychiatric Disease	☐	☐

	Yes	No
Liver Disease	☐	☐
Hepatitis	☐	☐
Lung Disease	☐	☐
Kidney Disease	☐	☐

If Yes Explain:
_____
_____
_____

Please list any other Medical Problems, Prior Surgeries, or Hospitalizations with dates : _____

_____

_____

_____

_____

_____

VIII. SOCIAL HISTORY:

Occupation: _____ Employer: _____

	Yes	No	If yes state amount (circle most appropriate)
Some Tobacco	☐	☐	Packs Per day: <1/2 1 1-2 2-3 >3
Chew/Snuff	☐	☐	
Drink Alcohol	☐	☐	# Drinks per week: <1 1 1-4 7 >7

IX. FAMILY HISTORY

Do you have a family history of any of the following?

	Yes	No
Skin Cancer	☐	☐
Melanoma	☐	☐
Diabetes	☐	☐
Heart Disease	☐	☐

	Yes	No
High Blood Pressure	☐	☐
Bleeding Problems	☐	☐
Other Cancers	☐	☐

If Yes Explain:

_____

_____

_____

X. REVIEW OF SYMPTOMS:

Have you experienced any of the following symptoms in the past few months? Please check yes or no

	Yes	No
Fever		
Weight Loss		
Fatigue		
Night Sweats		
Burning in eyes		
Scratchy Eyes or Excessive Tearing		
New Growth on Eyelid		
Bleeding from Mouth or Nose		
Pain in mouth or nose		
Cough		
Shortness of Breath		
Chest pain		
Leg Swelling		
Leg pain with Exercise		
Allergy to Lidocaine or Numbing Medicines		
Bleeding Problems		
Visual Problems		

	Yes	No
Abdominal Pain		
Nausea or Vomiting		
Blood in Stools		
Black Stools		
Persistent Rashes in Groin Area		
Bleeding in Groin Area		
Bone Pain		
Arthritis		
New Skin Growths or Bumps		
Changing Skin Lesions		
Enlarged Glands		
Painful Skin Lesions		
Burning Sensation in Skin		
Loss of Skin Sensation		
Headaches		
Weakness		
Other:		

Please explain if you answered Yes to any question: _____

_____

_____

Reviewed by Physician: _____ Reviewed by Nurse: _____

Signature: Greg E. Viehman, MD

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INFORMED CONSENT: Mohs Micrographic Surgery & Reconstruction

Patient Name: _____ Date of Birth: _____

SeaCoast Skin Surgery is dedicated to providing you with the best information about your surgical procedure and diagnosis. We want you to fully understand your diagnosis, treatment with Mohs surgery, and the potential risks of your surgery. This form is designed to provide you with detailed information about the risks of Mohs surgery and surgical reconstruction that is performed after the cancer is removed. Our Skin Cancer brochure which you must read before signing this form will explain the procedure in detail. If you have any questions please ask one of our staff or the physician. **Do not sign this form until you are instructed to at our office.**

What are the potential risks, complications, and side effects of Mohs Surgery & Surgical Reconstruction?

1. **PAIN:** You can expect some mild discomfort when your surgical site is first anesthetized by our staff. Although we strive to keep the area numb for the duration of your stay the numbing medicine can wear off in certain areas. This is easily remedied by providing more anesthesia in that area with minimal discomfort. After your surgery you can expect some discomfort from the surgical site. This is highly variable among patients and is also dependent upon the location of your surgery. Some areas are more sensitive than others. You will receive a pain medication to help alleviate post surgical discomfort. If your pain is not adequately relieved or if you are having severe pain then you should call our office immediately or Dr. Viehman after hours.

2. **Swelling:** After Mohs surgery you should expect some mild swelling around the surgical site. Some areas of the body tend to swell more than others (around the eyes). In many cases the swelling is a side effect of the numbing medication used during surgery. This is particularly common on the forehead. If you feel your swelling is abnormal please call our office.

3. **Bleeding:** Bleeding is always possible after surgery. Patients on blood thinners are more prone to bleeding and need to be extra careful after surgery. A pressure bandage will be placed over your surgical site before you leave our office. Most cases of bleeding are easily stopped by applying 20 minutes of continuous pressure directly to the site. If this does not work please call our office immediately or Dr. Viehman after hours. If you have severe bleeding call 911 and then notify our office.

4. **Hematoma:** A hematoma is a collection of blood that forms under the skin after surgery. This will often cause a lump, firm swelling, or “knot like” sensation under the surgical site. If this occurs please call our office.

5. **Infection:** Infection after skin cancer surgery is very rare, but always possible after the skin is injured. Many of our patients leave with an antibiotic designed to prevent infection. Signs of infection are pain, fever, redness, warmth, or drainage from your surgery site. Most infections occur within the first 5 days after surgery. If you feel your wound is infected please call our office immediately.

6. **Wound Dehiscence**: Wound dehiscence is when a sutured wound partially or fully opens back up after surgery. This is most commonly caused by trauma or inappropriate activity after surgery. Surgical wounds are very weak even after the sutures have been removed for a week or two. All patients are instructed to be very careful after surgery. Our staff will counsel you on when you can safely resume more strenuous activity. This complication is very rare. If your surgical site has had this problem please call our office immediately.

7. **Scar Formation:** Any time the skin is injured a scar forms. You will have a scar after skin surgery. The goal is to make the scar as unnoticeable as possible. Dr. Viehman has extensive training and experience in reconstructing wounds after surgery. We fully understand patients concerns about scars. Some patients can have abnormal scarring that is biologic and not a result of the surgery itself. If you have a history of abnormal scarring please inform us at the time of your visit. The cosmetic appearance of scar formation is not predictable.

8. **Flap or Skin Graft Failure**: After your skin cancer is removed we may need to repair your wound with stitches. In some cases this may require a skin graft or flap. A skin graft is when skin is taken from another site and transplanted to fill in your surgical site. A skin flap is when skin around your wound is “borrowed” to fill in the defect. Either of these procedures can fail resulting in delayed healing. This is very uncommon except in smokers where the rate of failure is drastically increased. If you are a smoker we recommend you stop smoking for one week before and after your surgery.

9. **Permanent or Temporary Nerve Damage**: Whenever the skin is injured some nerves are also injured as a result. In most cases this does not result in any permanent symptoms. Many patients experience temporary numbness, tingling, or sensitivity for up to 6 months after their surgery. This is normal and usually resolves on its own. If you cancer is very extensive then this side effect can last for over a year and even be permanent. Paralysis of facial muscles from the local anesthesia can last for several hours after surgery and is very rarely permanent.

10. **Alteration/Distortion of Surrounding Anatomic Features:** The repair or healing of your wound can result in alteration of surrounding structures. This is most common around the eye, nose, and lip. In most cases this is very temporary lasting a few weeks to months. Dr. Viehman will discuss this with you further if it applies to your visit.

11. **Tumor Recurrence:** Mohs Micrographic surgery offers the highest cure rates for skin cancer removal. For first time skin cancers the cure rate is approximately 98%. No skin cancer treatment has a guaranteed 100% cure rate. If a skin cancer has been treated in the past then the cure rate goes down for any treatment.

We have tried to outline the most common complications and side effects of Mohs micrographic surgery and surgical reconstruction. The possible list of complications is not limited to this list. If you have any other concerns please address them at the time of your visit.

I have received and read a copy of the SeaCoast Skin Surgery Skin Cancer Brochure. I fully understand its contents and all of my questions have been answered. This brochure explained to me what to expect during and after my visit to SeaCoast Skin Surgery. _____ (initials).

I have identified and confirmed the correct location(s) of my surgical site(s). _____ (initials)

I acknowledge that SeaCoast Skin Surgery recommends a spouse, friend ,or relative accompany me for my surgery to drive me home after surgery. If I choose to drive on my own then I understand and assume the risk involved. _____ (initials)

I have also read this entire consent form and understand its contents. Dr Viehman and/or his staff have answered my questions and informed me of the risks, benefits, advantages, disadvantages, and possible complications from skin cancer surgery and reconstruction. I also understand that the size of my skin cancer and the method of repair cannot be predicted in advance. Even though my skin cancer may appear very small I understand microscopically it could be larger than I realize. I understand I could also be referred to another doctor for closure of the defect or an additional procedure if necessary.

I also request the administration of local anesthesia and any other pain medication or sedative that may be deemed necessary for the completion of my procedure. Any agent other than the local anesthesia will be reviewed with me before administration. I also acknowledge that there are separate risks apart from the procedure. Allergy to local anesthesia is rare. If I have an allergic reaction to local anesthesia I have informed the staff and doctor at SeaCoast Skin Surgery.

I also understand digital photographs are taken of me and my surgical sites for medical records documentation. These photographs may be used by SeaCoast Skin Surgery for teaching, documentation, presentations, or publication in medical journals. I will not be identified by name and I expect no compensation from the use of these photographs. I release Dr. Viehman and his associates at Seacoast Skin Surgery from any liability in the use of these photographs.

I also recognize the results from the practice of medicine and surgery are not absolutely predictable. No guarantees or assurances have been made concerning the results of such treatments or my cosmetic outcome. I hereby consent to Mohs Micrographic Surgery and repair if necessary by Dr. Greg Viehman.

Comments: _____

Date: _____ Time: _____

Patient's Printed Name: _____ Signature: _____

SeaCoast Skin Surgery confirms this form has been completely reviewed with the patient and they have no further questions.

_____ _____ _____

Physician Signature: Greg E. Viehman, MD Nurse/Witness Signature Date

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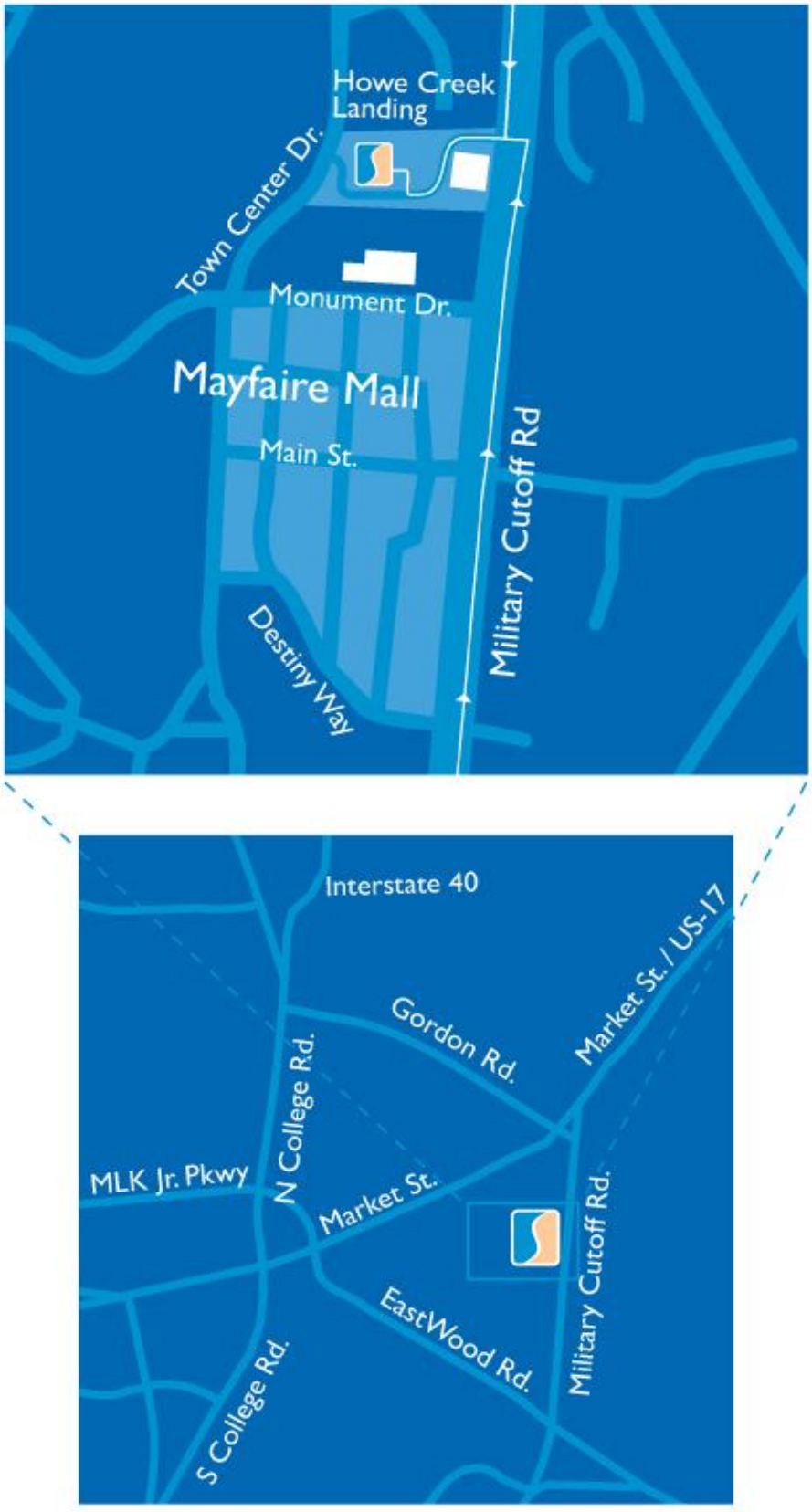
Map & Directions



Directions on Back

From North
Follow US-17 South towards Wilmington. Exit right onto US-17 S Business/Wilmington. Go 3.7 miles and turn left at Military Cutoff Rd (sign says “76 Wrightsville Beach”). Go 1.2 miles and turn right into Howe Creek Landing.

From South
1. Follow US-17 North towards Wilmington. Merge right and follow signs onto US-17 N/US-74 E/US-76 E Drive 2. 6mi. **2**. Merge right and follow signs onto US-17 N/74 E/ US-421 N/ NC-133 N. Drive 1.7 miles. You will pass the Battleship Memorial and go over a bridge. Turn right at sign for Wrightsville Beach US-74 E/NC-133 N. Go over bridge and merge right onto Martin Luther King Jr Pkwy US-74 E/ NC-133 N via the ramp to Wrightsville Beach/ Burgaw/ Airport. Continue to follow Martin Luther King Jr Pkwy/US-74 E for 5.1 mi. Turn left at Market St and drive 2.0 mi. Turn right at Gordon Rd. Turn right at Military Cutoff Rd. Drive 0.9 mi and turn right into Howe Creek Landing.

From East
Follow I-40 East towards Wilmington. Exit right at exit #420 (117N/132N). Turn right onto Gordon Rd. Drive 2.5 miles until Gordon Rd ends at Military Cutoff Road. Turn right and drive 0.9 miles and turn right into Howe Creek Landing.

From Lumberton
Follow US-74 East for approximately 73.0 mi to Wilmington area. Follow directions for **South** starting at #2.

From Fayetteville
Follow I-95 North 18.6 mi. Take exit 73 toward US-421/NC-55 and merge onto Access Rd. Continue on NC-55 East for 13.6 mi. Turn right to merge onto I-40 East. Follow directions from **East**.

Alternate:
Follow NC-24 East to Clinton (32.9 mi). Turn right to merge onto NC-24 E/US-421 S/US-701 S. In 2.0 mi turn left at US-701. Drive 0.4 mi and turn right at NC-24 East. Drive 10.1 mi to I-40 East. Follow directions from **East**.

From Goldsboro
Turn left at Dr Martin Luther King Jr Expy/NC-581 S/US-117-BYP S/US-13 S. Continue to follow US-117 South to I-40 connector. Exit onto I-40 East and follow directions from **East**.