



PATIENT: _____

Mohs and Reconstructive Unit Medical Questionnaire

Mohs Surgery and Reconstruction is a precise but sometimes unpredictable process in patients who often have other health conditions as well.

To allow pre-operative planning kindly complete the following checklist.

A. Health Matters

Have you required hospitalization OR specialist treatment or management during the past 5 years for:

- i) Any Heart Disease _____ Y N
Please specify:
 Ischaemic heart disease _____ Y N
 Heart attack _____ Y N
 Heart stents _____ Y N
 Cardiac bypass _____ Y N
 Heart valve replacement _____ Y N
 Irregular heart beat such as atrial fibrillation or others _____ Y N
 Pacemaker/Defibrillator _____ Y N
 Heart failure _____ Y N
 Hypertension _____ Y N
 Other:
- ii) Any Lung Disease _____ Y N
Please specify:
 Emphysema _____ Y N
 COPD _____ Y N
 Lung fibrosis _____ Y N
- iii) Did you suffer from deep venous thrombosis or pulmonary embolism in the past? _____ Y N
 If **yes**, are you still receiving treatment?

- iv) Any liver disease during the past 5 years? _____ Y N

- v) Any renal (kidney) disease during the past 5 years? _____ Y N

- vi) Any chemotherapy during the past 2 years? _____ Y N
 If **yes**, please elaborate:

- vii) Any neurological disease? _____ Y N
Please specify:
 Epilepsy _____ Y N
 Stroke or TIA _____ Y N

- viii) Have you had an organ transplant or are you taking immunosuppressants? _____ Y N
 If **yes**, please elaborate?



ix) Are you on any blood thinners (anticoagulants)? _____ Y N
Please specify:
Warfarin (your INR:) _____ Y N
Xarelto/Predaxa _____ Y N
Aspirin _____ Y N
Clopidogrel (Plavix) _____ Y N
Other:

If **yes**, what is the reason for taking blood thinners?
.....

x) Do you have a joint replacement? _____ Y N
If **yes**, how long ago was the replacement performed?
.....

xi) Do you suffer from diabetes? _____ Y N
If **yes**, is the diabetes well controlled? _____ Y N
Are you taking:
Insulin _____ Y N
Diabetic pills _____ Y N

B. Other personal medical history

i) Current medication _____ Y N
.....

ii) Allergies _____ Y N
.....

iii) Have you had any operations in the past 5 years? _____ Y N
If **yes**, please specify:
.....

iv) Have you experienced any problems following operations or general anaesthetic/sedation/
local anaesthetic? If **yes**, please specify: _____ Y N
.....

v) Are you taking any natural / naturopathic products or supplements? _____ Y N
If **yes**, please specify:
.....

vi) Weight: Height:

C. Social Habits

i) Do you smoke? _____ Y N
If **yes**, how many cigarettes per day?

ii) Have you smoked for more than 20 years? _____ Y N
If **yes**, how long ago did you stop smoking?

iii) Do you consume more than 2 units of alcohol on a daily basis? _____ Y N



PATIENT: _____

D. For completion by the Mohs and Reconstruction Unit

i) Predicted size of defect

- a) Periorbital: Larger than 1.5cm _____ Y N
- b) Nasal area: Larger than 1.5cm _____ Y N
- c) Rest of face and scalp: Larger than 3cm _____ Y N
- d) Neck, trunk and limbs: Larger than 5cm _____ Y N

If **yes**, arrange that the patient spends the night in Pretoria with a responsible person for transport, observation and assistance. If not available consider / offer to arrange a night nurse.

- ii) Any significant medical co-morbidities? (See answers A – C) _____ Y N

If **yes**, consider arranging post-op admission in sub-acute or acute facility – Confirm with the reconstructive surgeon and anaesthetist.

- iii) Is a complicated Mohs or reconstruction expected (forehead flap, large flap, multiple stages, multiple tumours)? _____ Y N

If **yes**, discuss with the reconstructive surgeon and arrange date of reconstruction (same day / next day) and a subacute / acute facility post-op if required.

- iv) Is the tumour a SCC, larger than 1cm and in peri-orbital or nasal area, or elsewhere and larger than 2cm? _____ Y N

If **yes**, arrange MRI scan of the area and ultrasound of locoregional lymph nodes.

- v) Is the tumour a SCC, larger than 1cm and on lips and ears? _____ Y N

If **yes**, arrange an ultrasound of the corresponding lymph nodes.

- vi) Is the tumour very large, complicated, recurrent? _____ Y N

If **yes**, consider MRI of the area

If **yes**, consider a head and neck consultation (confirm with Mohs surgeon)

- vii) Melanoma-in-situ / Lentigo maligna? _____ Y N

If **yes**, arrange ultrasound of the draining lymph nodes.

- viii) Was
 - i) a – d ticked yes and/or?
 - ii) Ticked yes?

Consider sedation / general anaesthesia theatre list _____ Y N

And

Physician pre-op evaluation and show pre-op to Mohs / reconstructive / anaesthetist _____ Y N

No to all questions in Section D