



DR NIVANA RAMLACHAN
DERMATOLOGIST



SKINMATTERS

Mohs and Reconstruction Unit

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.

A. Health Matters

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

i) Any Heart Disease _____

Please specify:

- Ischaemic heart disease _____ Yes | No
- Heart attack _____ Yes | No
- Heart stents _____ Yes | No
- Cardiac bypass _____ Yes | No
- Heart valve replacement _____ Yes | No
- Irregular heart beat such as atrial fibrillation or others _____ Yes | No
- Pacemaker/Defibrillator _____ Yes | No
- Heart failure _____ Yes | No
- Hypertension _____ Yes | No

Other:

ii) Any Lung Disease _____

Please specify:

- Emphysema _____ Yes | No
- COPD _____ Yes | No
- Lung fibrosis _____ Yes | No

iii) Did you suffer from deep venous thrombosis or pulmonary embolism in the past? _____ Yes | No

If **Yes**, are you still receiving treatment?

iv) Any liver disease during the past 5 years? _____ Yes | No

v) Any renal (kidney) disease during the past 5 years? _____ Yes | No

vi) Any chemotherapy during the past 2 years? _____ Yes | No

If **Yes**, please elaborate:

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vii) Any neurological disease? _____

Please specify:

Epilepsy _____ Yes | No

Stroke or TIA _____ Yes | No

viii) Have you had an organ transplant or are you taking immunosuppressants? _____ Yes | No

If **Yes**, please elaborate:

ix) Are you on any blood thinners (anticoagulants)? _____

Please specify:

Warfarin (your INR:) _____ Yes | No

Xarelto/Predaxa _____ Yes | No

Aspirin _____ Yes | No

Clopidogrel (Plavix) _____ Yes | No

Other:

B. Other personal medical history

i) Current medication _____ Yes | No

.....
.....

ii) Allergies _____ Yes | No

.....
.....

iii) Have you had any operations in the past 5 years? _____ Yes | No

If **Yes**, please specify:

iv) Have you experienced any problems following operations or general anaesthetic/
sedation / local anaesthetic? If **Yes**, please specify: _____ Yes | No

.....

v) Are you taking any natural / naturopathic products or supplements? _____ Yes | No

If **Yes**, please specify:

C. Social Habits

i) Do you smoke? _____ Yes | No

If **Yes**, how many cigarettes per day?

ii) Have you smoked for more than 20 years? _____ Yes | No

If **Yes**, how long ago did you stop smoking?

iii) Do you consume more than 2 units of alcohol on a daily basis? _____ Yes | No

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D. For completion by the Mohs and Reconstruction Unit

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

i) Predicted size of defect

- a) Periorbital: Larger than 1.5cm _____ Yes | No
- b) Nasal area: Larger than 1.5cm _____ Yes | No
- c) Rest of face and scalp: Larger than 3cm _____ Yes | No
- d) Neck, trunk and limbs: Larger than 5cm _____ Yes | No

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) _____ Yes | No

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)? _____ Yes | No

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? _____ Yes | No

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? _____ Yes | No

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

vi) Is the tumour very large, complicated, recurrent? _____ Yes | No

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? _____ Yes | No

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 _____ Yes | No

And

Physician pre-op evaluation and show pre-op to Mohs / reconstructive / anaesthetist _____ Yes | No

No to all questions in Section D

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