

# Skin Cancer Screening Consent Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## Purpose of Screening

This form provides consent for a skin cancer screening performed by a qualified healthcare professional. The goal of this screening is to identify any abnormal skin lesions that may require further evaluation.

## Procedure

The skin cancer screening involves a visual examination of your skin. The healthcare provider will check all areas of your skin, including those that are not exposed to the sun.

## Risks and Benefits

The benefits of this screening include early detection of skin cancer, which can lead to more effective treatment. Risks are minimal; however, some individuals may experience emotional distress regarding findings.

## Consent

I, the undersigned, consent to the skin cancer screening procedure. I understand the purpose, procedure, risks, and benefits as explained above.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_