



CANCER INSTITUTE

Wayne State University

McLAREN MACOMB  
TED B. WAHBY CANCER CENTER

SKIN CANCER SCREENING  
Registration and Consent Form

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you have a personal physician?  Yes  No If yes, please list:

Physician's Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If no, would you like information on physicians in your area?  Yes  No

How did you hear of this screening? \_\_\_\_\_

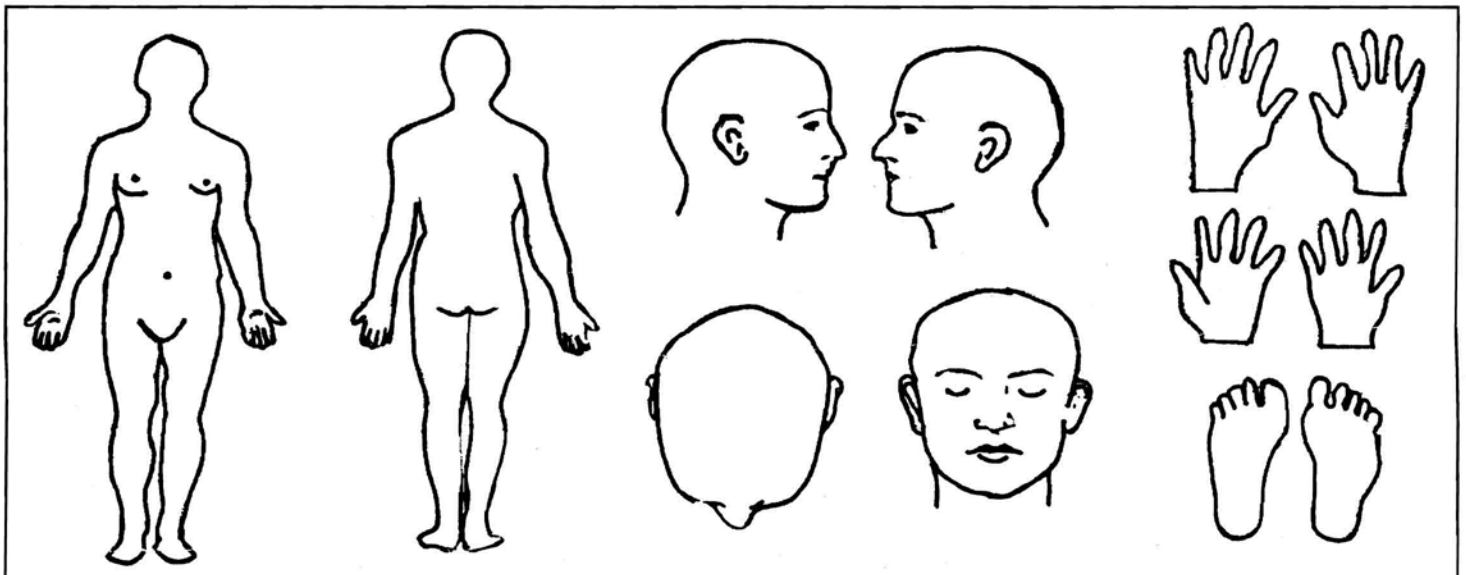
I hereby release McLaren Macomb, participating physicians, all other health care volunteers, and any other participating organizations from any and all liability arising from or connected with this skin cancer screening examination. By voluntarily participating in the skin cancer screening, I recognize and accept all risks associated with it. I understand that the program will only screen for abnormalities on the skin using a visual examination. Even with this screening, the best diagnosis is obtained through a complete skin cancer examination by my doctor. I understand that the findings from my examination will be reported to me with recommendations, and I am responsible for any expenses involved in following these recommendations. I also understand that this is a diagnostic screening and does not constitute a complete skin cancer examination. Any further questions and/or concerns this screening may have prompted should be discussed with my doctor. It is understood that:

1. This screening is not as complete or a substitute for a full skin cancer examination by my own physician.
2. The responsibility for any follow up examinations to check abnormalities found during this skin cancer screening lies with me and not with any participating organizations, physicians, or other health care volunteers. I am responsible for my own health.
3. I also understand the responsibility for initiating a follow up examination to confirm the results of this screening and for obtaining professional medical assistance is mine alone.
4. A total body exam for skin cancer will not be performed. The only areas examined will be those which I specifically bring to the attention of the examiner.

I HAVE READ AND UNDERSTAND THE ABOVE PARAGRAPHS.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Witness \_\_\_\_\_ Date Signed \_\_\_\_\_



- Normal
- Abnormal

- Referred for treatment
- Not referred for treatment

Examiner \_\_\_\_\_

Counselor's Initial \_\_\_\_\_