

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



**Event of Special Interest: Melanoma Or Skin Cancer including Bowen's Disease**

Diagnosis - please include site(s):

Details of any previous UV/Photo therapy:

UV Therapy Details	No. of courses	No. treatments	Cumulative Dose (J/cm <sup>2</sup> )	Dose unknown (please tick)
Broadband UVB				
Narrowband UVB				

Histopathological classification:

Treatment regime:

Surgery

Chemo

Other (specify)

Details

Family history of cancer

Yes

No

Unknown

If Yes - Relationship

\_\_\_\_\_

**If you have any questions please call the Register office on: 0161 306 1911**

Form completed

By: \_\_\_\_\_

On: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section