



Full-Body Mole Mapping Template

• Client Information

Full name: _____ Date of birth: _____

Phone Number: _____ Email: _____

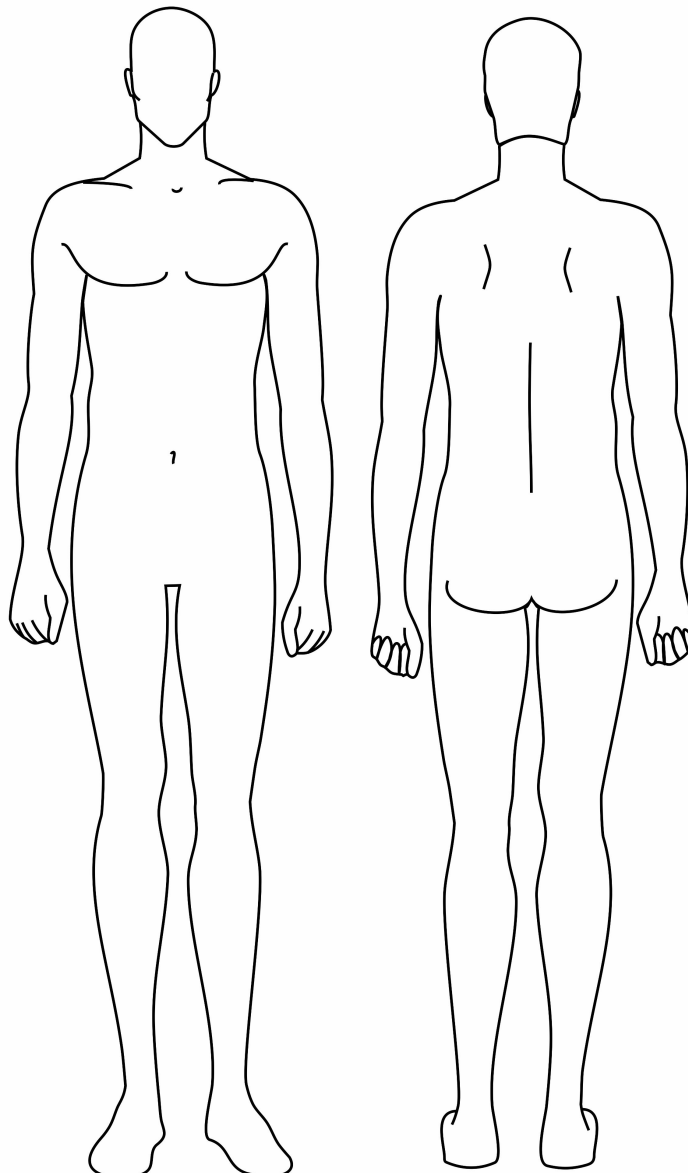
Family history of skin cancer? ☐ No ☐ Yes: _____

Previous mole removals? ☐ No ☐ Yes: _____

Known skin conditions: _____

• Full-Body Diagram

First Examination Date: _____



• Mole Details

| # Number | Location | Size | Color | Shape | Notes |
|----------|----------|------|-------|-------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

• Follow-Up and Observation

| Date of visit | Moles changed | Changed Mole Numbers | New mole | Location | Size, Color, Shape |
|---------------|---------------|----------------------|----------|----------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

• **Photos**

Photo 1 Date/Time: _____

Insert photos here

Photo 2 Date/Time: _____

Insert photos here

• **Consent**

I _____ (patient’s name), consent to the mole mapping procedure, including follow-ups and photographic documentation, as outlined by [Med Spa Name]. I understand the purpose and and potential benefits of the procedure.

Signature: _____

Date: _____