

KNOW YOUR OWN SKIN

Self Skin Check

A step-by-step guide

Know your partner's skin - Know your children's skin

Know your friend's skin - Know your parent's skin

Do this regularly, on either the 1st of the month
Or the 1st day of each season.

How to do a self skin check

Step 1

Undress and stand in front of a full-length mirror.

Look at you whole face, including your nose, lips, mouth, ears and behind the ears.

Step 2

Part your hair layers and check your scalp in the mirror. You may like to use a hairdryer for this.

Step 3

Check your hands. Start with your palms and back of the hands; Look between the fingers and under the fingernails. Continue down your wrist; look at the front and back of your forearms.

Step 4

Bend your elbow and check your upper armpit. Don't forget to do the same on the other side!

Step 5

Next, focus on the neck, chest and body. Women should lift the breasts to see under the folds.

Step 6

Using a hand mirror, check the back of your neck, shoulders and body.

This is a good time to look at the areas of your upper arms that you have missed in step 4.

Step 7

Check your lower back, buttocks and the backs of your legs.

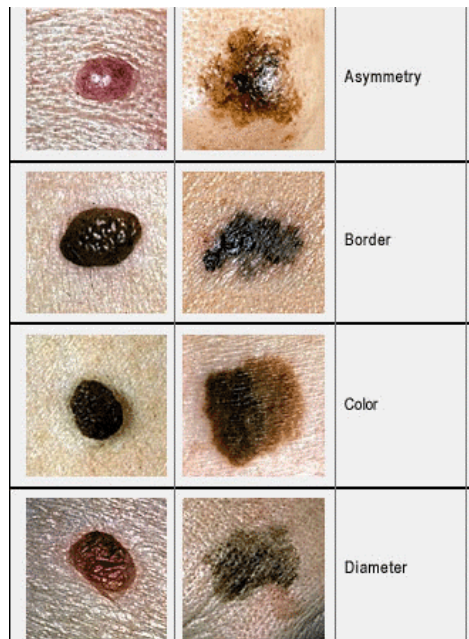
Step 8

Sit down and prop your leg on a stool. Examine your groin area with the hand mirror.

Check the front and sides of both legs, the top of your feet, the spaces between your toes, under the toenails, heels and soles.

Warning signs

How to record your Skin check



1. On the body map included, draw the rash or spot where you found it, and write the date.
2. Measure its size with a ruler. Describe its appearance (colour, surface, edges, and sensation).
3. Record the date of each subsequent skin check and any changes in the spot.

Date 1/1 /12 Spot No: 1
Description: Dark scaly patch, 5 x 7mm, rough, Irregular Borders.

Date 1/4 /12 Spot No: 1
Description: Dark patch, 10 x10mm, rough and scaly painful, itchy

4. If you notice any of the warning signs, make an appointment to see your doctor. Take a photograph of the lesion to compare it with later checks.

Record your skin checks here

Date:	Spot No:	Date:	Spot No:
Description:		Description:	
Date:	Spot No:	Date:	Spot No:
Description:		Description:	
Date:	Spot No:	Date:	Spot No:
Description:		Description:	
Date:	Spot No:	Date:	Spot No:
Description:		Description:	

Draw what you found here.
Bring this to your next appointment

Get your partner, family or friend
to check hard-to-see areas of your skin

BODY MAPPING

Surname: _____

First Name: _____

Date of Birth: _____

Examination Date: _____

