**Sending your photograph to your GP**

|  |  |
| --- | --- |
| **Area of body affected ?** |  |
| **Duration ?** |  |
| **Colour ?** |  |
| **Size ? Change in size ?** |  |
| **Itch ?** |  |
| **Painful ?** |  |
| **Bleeding ?** |  |
| **Raised or flat ?** |  |