

Chatham Dermatology

Name: _____ Date: _____

If you have a **FACIAL/NECK/EYELID** rash, condition, or problem, this form must be completed.

ALL medications/supplements (If you have a list, give to staff.)

Allergies to medicines:

Environmental allergies (e.g. dust mites, cats):

Explain facial problem: _____

LOCATION of problem? _____ Where did it start? _____

How long have you had the problem? _____ Any family with same problem? _____

Have you had this problem before? Explain. _____

Circle one: constantly present OR comes and goes Circle one: Stable OR improving OR worsening

Symptoms (circle all that apply): itch pain burning whelps blisters oozing pus swelling bleeding open sores

What have you tried for the problem? _____

What makes it better or worse (sun, heat, hormones)? _____

Any NEW products? _____

MORNING (AM) ROUTINE (exactly what you use)

Face Cleanser _____
Toner _____
Serums _____
Lotions / Creams _____
Prescription products _____
Sunscreen _____
Makeup _____
Other _____

NIGHT (PM) ROUTINE (exactly what you use)

Face Cleanser _____
Toner _____
Serums _____
Lotions / Creams _____
Prescription products _____
Other _____

Scrubs, masks, peels, or facials? How often? _____

Problems with skin care products? _____

Cologne(s)/perfume(s) _____

Shaving cream(s) /product(s) _____

Shampoo(s) _____ Conditioner(s) _____

Other hair products (gel, mousse, grease...) _____

Toothpaste _____ Mouthwash _____ Whitening _____ Floss _____

Laundry detergent(s) _____ Fabric softener(s) or dryer sheets _____

Prior cosmetic procedures _____

Problems with prior cosmetic procedures _____