

# Chatham Dermatology

**YOUR VISIT TODAY**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**If you are being seen for a rash, dry skin, itching, eczema, or psoriasis, the following information is needed.**

COMPLETE list of ALL medications/supplements/shots you are currently taking (If you brought a list, give to staff.)

Are any meds "newer" or have you taken any meds recently that you no longer take (e.g. antibiotics)?

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Allergies to medicines:

Environmental allergies (e.g. dust mites):

Explain rash / condition? \_\_\_\_\_

How long have you had the problem? \_\_\_\_\_ Have you had this problem before? Explain. \_\_\_\_\_

LOCATION of problem? \_\_\_\_\_ Where did it start? \_\_\_\_\_

Any friends/family with same problem? \_\_\_\_\_ Any recent travel? \_\_\_\_\_

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

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

OTHER (circle all that apply): fever aches fatigue headache cold symptoms mouth sores swollen lymph nodes

What have you tried for the problem? Does anything make it better or worse? \_\_\_\_\_

Any sun, heat, or outdoor exposures? \_\_\_\_\_ Any insect or other bites? \_\_\_\_\_

Any NEW products or foods? \_\_\_\_\_

**WHAT PRODUCTS DO YOU CURRENTLY USE? (List below.)**

Body soap(s)/cleanser(s) \_\_\_\_\_

Body lotion(s)/cream(s) \_\_\_\_\_

Cologne(s)/perfume(s) \_\_\_\_\_

Shaving cream(s) /product(s) \_\_\_\_\_

Shampoo(s) \_\_\_\_\_

Conditioner(s) \_\_\_\_\_

Other hair products (gel, mousse, grease...) \_\_\_\_\_

Laundry detergent(s) \_\_\_\_\_ Fabric softener(s) or dryer sheets \_\_\_\_\_

Has the problem ever been biopsied? When and by who? \_\_\_\_\_