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DERMATOLOGY PATIENT QUESTIONAIRE

PLEASE PRINT IN INK

Name: _____ Age: _____ Referred By: _____ Date: _____

Please answer the following questions as completely as possible. If you have any problems understanding the questions please ask the receptionist.. If you have any further comments please bring them to the attention of Dr. Hamilton.

BEGINNING

Where on your skin/body did your problem begin? _____
When did it begin (approximately what date)? _____
What did it look like when it began (color, approximate size, and was it solid or filled with fluid)? _____

CHANGES

When did it begin to change? _____
Where on your skin/body did the condition involve next? _____
Where does it involve now? _____
What changes, if any, did it undergo (in color, size, or consistently)? _____

AFFECTING FACTORS

What makes it better? _____
What things, if any, do you think might have brought on your skin problem? _____
What treatment have you had for this condition (physician or home remedies)? _____

SYMPTOMS

Does it itch? YES / NO _____
Is it painful? YES / NO _____

FAST DERMATOLOGICAL HISTORY

What skin problems have you had in the past? _____
Have you had hay fever or Asthma? _____

MEDICATIONS

What medications do you take (include medicine as any substance which you take by mouth other than food)? _____
What medicines are you allergic to (if any)? _____

FAMILY HISTORY

Identify the relation (e.g., mother, father, etc.) of any blood relative who have diabetes mellitus ("sugar blood") or tuberculosis ("T.B."):

_____
What other skin diseases have you had in your family (and their relation to you)? _____

SOCIAL HISTORY

What is your occupation?: _____
Do you come into contact with any chemicals on the job or in a hobby (if so, what?)?: _____

REVIEW OF SYSTEMS

What other health problems do you have?: _____

PAST MEDICAL HISTORY

Have you ever had any of the following diseases (*please circle):* cataracts or glaucoma of the eye, diabetes mellitus, tuberculosis, high blood pressure, peptic ulcer (stomach or intestine) or bleeding problems
List all dates (approximate year) of hospitalizations & diagnosis (if known): _____
_____
_____