

PATIENT DERMATOLOGY & ALLERGY HISTORY FORM



Patient Name: _____ Date: _____

Patient Age: _____ Gender: ☐ Male ☐ Female

Race: ☐ White ☐ Hispanic ☐ Black/African-American ☐ Asian ☐ Native American ☐ Other _____

Occupation: _____

Current Complaint: _____

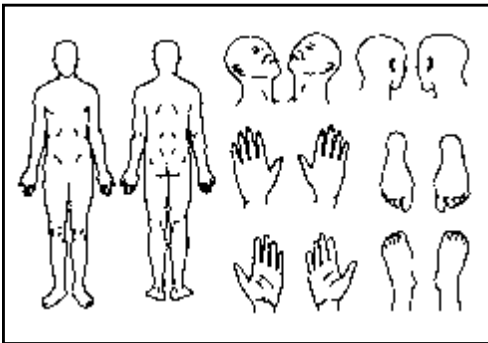
Date of onset and/or duration: _____

Area(s) affected **AT ONSET:** _____

Severity at onset: ☐ Mild ☐ Moderate ☐ Severe

Type and pattern of eruption: _____

Area(s) affected **NOW:** _____



Severity now: ☐ Mild ☐ Moderate ☐ Severe

Current status: ☐ Stable ☐ Increasing ☐ Decreasing

Worsens during: ☐ Work week ☐ Weekends

Improves during: ☐ Weekend ☐ Holidays/Vacations

Outbreak frequency: ☐ Weekly ☐ Monthly ☐ Annually ☐ Seasonally

Previous Outbreaks: ☐ No ☐ Yes, on date(s): _____

Previous treatment: ☐ Self-treat ☐ Physician-treated, on date(s): _____

Existing Conditions

☐ None

☐ Alcohol/Drug Abuse _____ ☐ Kidney Disease _____

☐ Allergies _____ ☐ Liver Disease _____

☐ Cancer _____ ☐ Lung/Respiratory Disease _____

☐ Cardiovascular Disease _____ ☐ Menopause _____

☐ Depression _____ ☐ Neurological Disorders _____

☐ Diabetes _____ ☐ Obesity _____

☐ High Blood Pressure _____ ☐ Pregnancy _____

☐ High Cholesterol _____ ☐ Puberty _____

☐ Immune Disorder _____ ☐ Skin Disorders _____

☐ Infectious Disease _____ ☐ Stroke _____

☐ Other: _____

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Current Medications

Indicate start date and dosage

- | | |
|--|---|
| ☐ None | ☐ NSAIDs _____ |
| ☐ Antibiotic/Antifungal _____ | ☐ Oral Contraceptives _____ |
| ☐ Anticoagulants _____ | ☐ Oral Hypoglycemics _____ |
| ☐ Antidepressants _____ | ☐ Other BP Medication _____ |
| ☐ Antihistamines _____ | ☐ Rx Pain Meds _____ |
| ☐ Aspirin _____ | ☐ Sedatives/Sleep Aids _____ |
| ☐ Asthma Medication _____ | ☐ Statins _____ |
| ☐ Diuretics _____ | ☐ Steroids (nasal/topical) _____ |
| ☐ Herbs _____ | ☐ Thyroxine _____ |
| ☐ Hormones _____ | ☐ Vitamins/Minerals _____ |
| ☐ Insulin _____ | |
| ☐ Other: _____ | |

Medical Devices

- ☐ None
- Include all dental and other surgically inserted devices
- | | |
|---|---|
| ☐ Implants _____ | ☐ Stents _____ |
| ☐ Braces _____ | ☐ Fillings _____ |
| ☐ Crowns/Bridges _____ | ☐ Other: _____ |

History of Allergic Disorders

- | | |
|---|--|
| ☐ None | ☐ Latex (Type I) |
| ☐ Animals (type): _____ | ☐ Medicines |
| ☐ Asthma | ☐ Nickel/Metal |
| ☐ Childhood Eczema | ☐ Rubber |
| ☐ Fragrances | ☐ Suspected Allergy (name): _____ |
| ☐ Flowers/Trees/Grasses | ☐ Urticaria |
| ☐ Food Allergy (name): _____ | ☐ Pregnancy |
| ☐ Hay Fever | ☐ Other: _____ |
| ☐ Insects | |

Previous Drug Reactions

- ☐ None ☐ Yes, name of drug: _____

Family History of Allergies & Asthma

- | | |
|------------------------------------|---------------------|
| ☐ None | |
| ☐ Asthma | Relationship: _____ |
| ☐ Eczema | Relationship: _____ |
| ☐ Hay Fever | Relationship: _____ |

Home Environment

Check all that apply

- | | |
|---|--|
| ☐ House | ☐ Apartment/Condo |
| ☐ Constructed after 1980 | ☐ Renovated since 1980 |
| ☐ Suburban | ☐ Urban |
| ☐ Rural | ☐ Other: _____ |
| ☐ Duration at residence _____ | |
| ☐ Housecleans daily | ☐ Housecleans weekly |
| ☐ Housecleans monthly | ☐ Housecleans occasionally |
| ☐ Always participates in housecleaning | ☐ Sometimes participates in housecleaning |
| ☐ Rarely participates in housecleaning | ☐ Never participates in housecleaning |
| ☐ Does laundry daily | ☐ Does laundry weekly |
| ☐ Does laundry sometimes | ☐ Never does laundry |
| Equipment/material used: _____ | Name of laundry detergent _____ |

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Pets/Animals

- | | |
|---|---|
| ☐ None | |
| ☐ Bird | ☐ Cat |
| ☐ Dog | ☐ Rodent |
| ☐ Livestock (type): _____ | ☐ Other: _____ |
| ☐ Childhood pet (type): _____ | ☐ Regular pet contact during childhood |
| ☐ Recent animal contact: _____ | ☐ Current pets in house |
| ☐ Symptoms noticed: _____ | |
-

Sports/Hobbies

- | | |
|--|--|
| ☐ None | ☐ Photography |
| ☐ Baseball | ☐ Piano |
| ☐ Basketball | ☐ Other instrument: _____ |
| ☐ Ceramics | ☐ Running/Hiking |
| ☐ Football | ☐ Sewing |
| ☐ Golf | ☐ Tennis/Racquetball |
| ☐ Home Repairs | ☐ Woodworking |
| ☐ Knitting/Needlework | ☐ Other: _____ |
| ☐ Paper Crafts | |

Frequency of sport or hobby ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely ☐ Once a year

Duration of sport or hobby: _____

Equipment/Material used: _____

Symptoms noticed during sport or hobby: _____
