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PATIENT DERMATOLOGY & ALLERGY HISTORY

Patient Name _____ Date _____

Patient Age: _____ Gender ☐ Male ☐ Female

Race: ☐ White ☐ Hispanic ☐ Black/African American

☐ Asian ☐ America Indian ☐ Other _____

Occupation: _____

Current Complaint _____

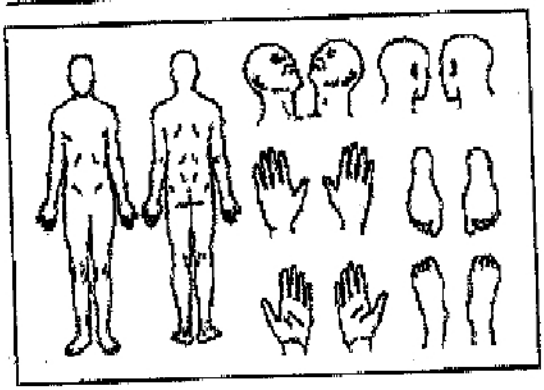
Date of onset and/or duration _____

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/vacation

Outbreak frequency ☐ Weekly ☐ Monthly ☐ Annually

☐ Seasonally

Previous outbreaks ☐ No ☐ Yes, on date _____

Previous treatment ☐ Self-treat ☐ Physican treat, date _____

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Existing Conditions ☐ None

- ☐ Alcohol/Drug Abuse _____
- ☐ Allergies _____
- ☐ Cancer _____
- ☐ Cardiovascular Disease _____
- ☐ Depression _____
- ☐ Diabetes _____
- ☐ High Blood Pressure _____
- ☐ High Cholesterol _____
- ☐ Immune Disorder _____
- ☐ Infectious Disease _____
- ☐ Kidney Disease _____
- ☐ Liver Disease _____
- ☐ Lung/Respiratory Disease _____
- ☐ Menopause _____
- ☐ Neurological Disorders _____
- ☐ Obesity _____
- ☐ Pregnancy _____
- ☐ Puberty _____
- ☐ Skin Disorders _____
- ☐ Stroke _____
- ☐ Other _____

Current Medications ☐ None

Indicate start date and dosage

- ☐ Antibiotic/Antifungal _____
- ☐ Anticoagulants _____
- ☐ Antidepressants _____
- ☐ Antihistamines _____
- ☐ Aspirin _____
- ☐ Asthma medication _____
- ☐ Diuretics _____
- ☐ Herbs _____
- ☐ Hormones _____
- ☐ Insulin _____
- ☐ NSAIDs _____
- ☐ Oral contraceptives _____
- ☐ Oral hypoglycemics _____
- ☐ Other BP Medication _____
- ☐ Rx pain meds _____
- ☐ Sedatives/Sleep aids _____
- ☐ Statins _____
- ☐ Steroids (nasal/topical) _____
- ☐ Thyroxin _____
- ☐ Vitamins/Minerals _____
- ☐ Other _____

Medical Devices ☐ None

Include all dental and other surgically inserted devices

- ☐ Implants _____
- ☐ Braces _____
- ☐ Crowns/Bridges _____
- ☐ Stents _____
- ☐ Fillings _____
- ☐ Other _____

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History of Allergic Disorders ☐ None

- ☐ Animals (type) _____
- ☐ Asthma
- ☐ Childhood eczema
- ☐ Fragrances
- ☐ Flowers/trees/grasses
- ☐ Food allergy (name) _____
- ☐ Hay fever
- ☐ Insects
- ☐ Latex (Type I)
- ☐ Medicines
- ☐ Nickel/Metal
- ☐ Rubber
- ☐ Suspected allergy (name) _____
- ☐ Urticaria
- ☐ Other (name) _____

Previous Drug Reactions ☐ None

☐ Yes Name Drug _____

Family History of Allergies and Asthma ☐ None

- ☐ Asthma Relationship _____
- ☐ Eczema Relationship _____
- ☐ Hay fever Relationship _____

Home Environment

Check all that apply

- ☐ House
- ☐ Constructed after 1980
- ☐ Suburban
- ☐ Rural
- ☐ Duration at residence _____
- ☐ Housecleans daily
- ☐ Housecleans monthly
- ☐ Always participates in housecleaning
- ☐ Rarely participates in housecleaning
- ☐ Does laundry daily
- ☐ Does laundry sometimes

Equipment/material used _____

- ☐ Apartment/Condo
- ☐ Renovated since 1980
- ☐ Urban
- ☐ Other
- ☐ Housecleans weekly
- ☐ Housecleans occasionally
- ☐ Sometimes participates in housecleaning
- ☐ Never participates in housecleaning
- ☐ Does laundry weekly
- ☐ Never does laundry

Name of laundry detergent _____

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Pets/Animals ☐ None

- ☐ Bird
- ☐ Dog
- ☐ Livestock (type) _____
- ☐ Childhood pet (type) _____
- ☐ Recent animal contact
- ☐ Symptoms noticed _____
- ☐ Cat
- ☐ Rodent
- ☐ Regular pet contact during childhood
- ☐ Current pets in house

Sports/Hobbies ☐ None

- ☐ Baseball
- ☐ Basketball
- ☐ Ceramics
- ☐ Computers
- ☐ Football
- ☐ Golf
- ☐ Guitar
- ☐ Home repairs
- ☐ Knitting/needlework
- ☐ Paper crafts
- ☐ Photography
- ☐ Piano
- ☐ Other instrument (name) _____
- ☐ Running/Hiking
- ☐ Sewing
- ☐ Skiing
- ☐ Tennis/racquetball
- ☐ Woodworking
- ☐ Other (name) _____

Frequency of sport or hobby

- ☐ Daily
- ☐ Monthly
- ☐ Rarely
- ☐ Weekly
- ☐ Once a year

Duration of sport or hobby _____

Equipment/Material used _____

Symptoms noticed during sport or hobby _____

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Personal Care ☐ No symptoms associated with personal care products

Check if you've had symptoms associated with any of the following. Name brand

- ☐ After shave _____
- ☐ Antiperspirant/Deodorant _____
- ☐ Bathing (name soap) _____
- ☐ Body wash _____
- ☐ Facial cleanser _____
- ☐ Hand washing (name soap) _____
- ☐ Hair coloring _____
- ☐ Hair conditioner _____
- ☐ Hair styling aids _____
- ☐ Lens cleaner (contact lens) _____
- ☐ Lotion _____
- ☐ Masque _____
- ☐ Moisturizer/cream _____
- ☐ Mouthwash _____
- ☐ Nail polish _____
- ☐ Perfume _____
- ☐ Saline (contact lens) _____
- ☐ Shampoo _____
- ☐ Shaving cream _____
- ☐ Toner/Astringent _____
- ☐ Toothpaste _____
- ☐ Other (name) _____

Make-up

- ☐ Blush _____
- ☐ Concealer _____
- ☐ Eyelid powder/liner _____
- ☐ Face powder _____
- ☐ Foundation/base _____
- ☐ Lipstick/gloss/liner _____
- ☐ Mascara _____
- ☐ Remover _____

Frequency of use for product(s) checked _____

Symptoms associated with product(s) checked _____

Jewelry/Metals ☐ No symptoms associated with any of the following

Check if you've had symptoms associated with any of the following

☐ Bracelets	☐ Piercings	☐ Gold	☐ Stainless steel
☐ Earrings	☐ Rings	☐ Nickel plated	☐ Sterling
☐ Necklaces	☐ Watch	☐ Platinum	☐ Other

Tatoos

☐ None	☐ New	☐ Old	☐ Henna based
☐ Permanent	☐ Temporary		

Condom or Diaphragms

☐ Not used	☐ Daily use	☐ Weekly use	☐ Occasional use

Brand/type used _____

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Employment ☐ None

Employer _____ Start date _____

Job title _____

Job description _____

Employed at onset of dermatitis ☐ Yes ☐ No

Previous job description _____

Previous job duration _____

Regular contact with:

☐ Metals ☐ Dust ☐ Fibers ☐ Fluids
☐ Vibration ☐ Cold ☐ Heat ☐ Solvents
☐ Fumes ☐ Chemicals ☐ Other ☐ Other

Frequency of contact

☐ Rarely ☐ Daily ☐ Weekly ☐ Monthly
☐ Other

Work Site

☐ Factory ☐ Office ☐ Hospital ☐ Laboratory
☐ Construction ☐ Agriculture ☐ Indoors ☐ Outdoors
☐ Other

Work Equipment

☐ Gloves ☐ Boots ☐ Face shield ☐ Apron
☐ Mask/respirator ☐ Overalls ☐ Badge ☐ Head covering
☐ Monitors ☐ Other

Symptoms at work _____

Description of work when symptoms began _____

Materials associated with work _____

Treatment or documentation of symptoms at work? ☐ Yes ☐ No

Effect of weekends/holidays/ vacation ☐ Improve ☐ No change ☐ Worse

Loss of work? ☐ Yes ☐ No

Previous compensation claims? ☐ Yes ☐ No

Second job? ☐ Yes ☐ No

Second job status ☐ Full time ☐ Part time

Second job type _____

Symptoms at second job? _____

Notes _____