PATIENT DERMATOLOGY & ALLERGY HISTORY

Patient name:_____ Date:_____

Patient age:_____ Sex: ☐ Male ☐ Female Occupation:_____

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

Existing Conditions:

☐ Cancer_____ ☐ Stroke_____
☐ Cardiovascular Disease_____ ☐ Diabetes_____
☐ High Blood Pressure_____ ☐ Depression_____
☐ Alcohol/Drug Abuse_____ ☐ Liver Disease_____
☐ High Cholesterol_____ ☐ Kidney Disease_____
☐ Lung/Respiratory Disease_____ ☐ Neurological Disorders_____
☐ Infectious Disease_____ ☐ Allergies_____
☐ Pregnancy_____ ☐ Menopause_____
☐ Immune disorders_____ ☐ Puberty_____
☐ Obesity_____ ☐ Skin Disorders_____
☐ Other:_____

Current Medicines: OTC & Rx (dates, dosage)

☐ Vitamins/Minerals_____ ☐ Herbs_____
☐ NSAIDs_____ ☐ Aspirin_____
☐ Asthma Medications_____ ☐ Antihistamines_____
☐ Oral contraceptives_____ ☐ Thyroxin_____
☐ Sedatives/Sleep Aids_____ ☐ Steroids (nasal/topical)_____
☐ Rx Pain Meds_____ ☐ Antidepressants_____
☐ Oral hypoglycemics_____ ☐ Insulin_____
☐ Hormones_____ ☐ Antibiotics/Antifungals_____
☐ Diuretics_____ ☐ Other BP Medications_____
☐ Statins_____ ☐ Anticoagulants_____
☐ Other_____

Medical Devices: (including dental)

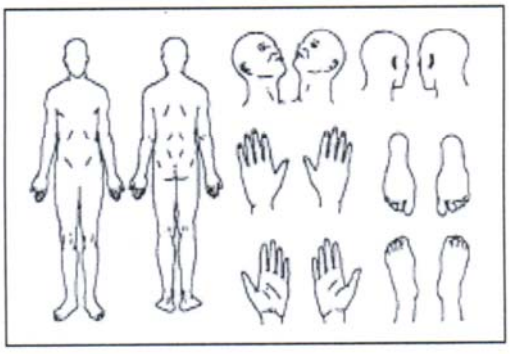
☐ Implants_____ ☐ Stents_____
☐ Braces_____ ☐ Fillings_____
☐ Crowns/Bridges_____ ☐ Other:_____

Current Complaint:_____

_____

_____

Date of onset and/or duration:_____



AT ONSET: Area(s) affected_____

Severity: ☐ Mild ☐ Moderate ☐ Severe

Type and pattern of eruption:_____

NOW: Area(s) affected_____

Severity: ☐ Mild ☐ Moderate ☐ Severe

Currently: ☐ Stable ☐ Increasing ☐ Decreasing

Worsens during: ☐ Work week ☐ Weekends Improves during: ☐ Weekend ☐ Holidays/vacations

Outbreak frequency: ☐ Weekly ☐ Monthly ☐ Annual ☐ Seasonal

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

Self-treat: ☐ No ☐ Yes Physician treat: ☐ No ☐ Yes, on date(s):_____

History of allergic disorders: ☐ Childhood eczema ☐ Asthma ☐ Hay fever ☐ Urticaria

Food allergy: ☐ Suspected ☐ Known:_____

Other known allergies: ☐ Nickel/metals ☐ Flowers/trees/grasses ☐ Fragrances ☐ Latex (type I)

☐ Rubber ☐ Medicines ☐ Insects ☐ Animals ☐ Other_____

Suspected allergies:_____

Previous drug reactions: ☐ No ☐ Yes: drug(s), date(s):_____

Family history of allergies and asthma: ☐ Yes ☐ No Hay fever: ☐ Yes ☐ No Eczema: ☐ Yes ☐ No

Relationship (name):_____ Allergy: _____

Relationship (name):_____ Allergy: _____

Home Environment: ☐ House ☐ Apartment/Condo Constructed after 1980: ☐ Yes ☐ No

Renovated since 1980: ☐ Yes ☐ No Location: ☐ Suburban ☐ Urban ☐ Rural ☐ Other:_____

Duration of residence:_____

Frequency of housecleaning:	☐ Daily	☐ Weekly	☐ Monthly	☐ Occasional
Participates in housecleaning:	☐ No	☐ Yes, always	☐ Yes, sometimes	☐ Rarely
Does laundry:	☐ No	☐ Yes, daily	☐ Yes, weekly	☐ Yes, sometimes

Equipment/Materials used:_____ Detergents:_____

Pets/Animals: ☐ None ☐ Cats ☐ Dogs ☐ Birds ☐ Rodents

☐ Livestock:_____ ☐ Other _____

Pets/animals as a child: ☐ No ☐ Yes:_____ Regular contact: ☐ Yes ☐ No

Recent animal contact: ☐ No ☐ Yes:_____ Pets in house: ☐ Yes ☐ No

Symptoms noticed at home or around animals:_____

Sports/Hobbies:

☐ Golf	☐ Skiing	☐ Baseball	☐ Running/hiking	☐ Tennis/raquetball
☐ Basketball	☐ Football	☐ Sewing	☐ Paper crafts	☐ Home repairs	☐ Knitting/needlework
☐ Ceramics	☐ Guitar	☐ Piano	☐ Painting	☐ Computers	☐ Woodworking
☐ Other instruments: _____			☐ Photography	☐ Other_____	

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Once a year ☐ Rarely

Duration:_____Equipment/Materials used:_____

_____

Symptoms noticed in sports/hobbies:_____

Personal Care Product Frequency of Use and Type or Brand:

Symptoms noticed with personal care:_____

☐ Handwashing :_____	Soap:_____
☐ Bathing :_____	Soap:_____
☐ Lotion :_____	☐ Creme:_____
☐ Deodorant :_____	☐ Body wash :_____
☐ Perfume :_____	☐ Aftershave:_____
☐ Shaving cream :_____	☐ Hair coloring:_____
☐ Toothpaste : _____	☐ Mouthwash: _____
☐ Shampoo : _____	☐ Conditioner: _____
☐ Hair styling aids: _____	☐ Nail polish: _____

☐ Other personal care products: _____

☐ **Wears Makeup:** ☐ Blush ☐ Mascara ☐ Face powder ☐ Eyelid powder/liner
☐ Foundation/base ☐ Remover ☐ Concealer ☐ Lipstick/gloss/liner ☐ Moisturizer/cream
☐ Toner/astringent ☐ Masque ☐ Cleanser ☐ Other:_____
☐ **Contact lenses:** ☐ Saline_____ ☐ Lens cleaner(s): _____
☐ **Jewelry:** ☐ Wear daily ☐ Wear weekends ☐ Wear seldom ☐ Wear special occasions
Type: ☐ Rings ☐ Watch ☐ Bracelet(s) ☐ Earrings ☐ Piercing(s) ☐ Necklace(s)
Metals: ☐ Gold ☐ Sterling ☐ Stainless steel ☐ Platinum ☐ Nickel plated ☐ Other_____
☐ **Tatoos:** ☐ New ☐ Old ☐ Permanent ☐ Temporary ☐ Henna-based
☐ **Use Condoms/diaphragms**: ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally
Type:_____

Employment History: Current employer: _____ Since (date):_____
Job title:_____ Since (date):_____
Job description:_____
Same employer at onset of dermatitis: ☐ Yes ☐ No; employer at onset: _____
Previous job description and duration:_____
Regular contact: ☐ Metals ☐ Dust ☐ Fibers ☐ Fluids ☐ Vibration/cold/heat
☐ Solvents ☐ Fumes ☐ Chemicals ☐ Other:_____
☐ Rarely ☐ Daily ☐ Weekly ☐ Monthly ☐ Other:_____
Describe 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:_____ Since (date):_____
Description of work when symptoms began: _____
Materials associated with this work:_____
☐ Treatment/ ☐ Documentation at place of employment:_____
Effect of weekends/holidays/vacations: ☐ Improved ☐ No change ☐ Worse
Loss of work: ☐ No ☐ Yes, on dates:_____ Other workers with same problem ☐ No ☐ Yes
Previous compensation claims: ☐ No ☐ Yes, for_____
Second job: ☐ Full time ☐ Part-time ☐ Yes, as:_____
Job description:_____
Describe work site: ☐ Factory ☐ Office ☐ Hospital ☐ Laboratory ☐ Construction
☐ Agriculture ☐ Indoors ☐ Outdoors ☐ Other_____
Symptoms at 2nd job: ☐ same ☐ different:_____ Since (date):_____

Notes:_____
_____
_____