

ESTABLISHED

Problem

Name: _____

Date _____

*Date of last visit for this problem:

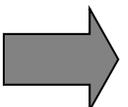
Directions:

1. Please complete this form for your skin condition that Dr. Vennos has addressed before. For example: a rash or rash-like area(s), acne or possible skin infection. Do not use this form for simple spots, lesions, moles, etc. (no questionnaire necessary)
2. **ONE** skin problem per form. (Use additional forms, if more than one problem.)
3. **Fill in every blank.**

Name of your problem (E.g. rash, spots, bumps, etc)	<input type="checkbox"/> Don't know name	Office Use Only
Location of problem (E.g. back, face, arms, legs)		
Improvement since last visit*?	<input type="checkbox"/> No <input type="checkbox"/> Minimal <input type="checkbox"/> Much improved <input type="checkbox"/> Resolved/ cleared up	
Feel of skin problem (E.g. itch, sore, rough, burning)	<input type="checkbox"/> Feels normal	
Look of skin problem E.g. color, shape	<input type="checkbox"/> Looks normal	
Name brand of soap (s) or shampoo used on problem area	<input type="checkbox"/> No soap used since last visit	
Name brand of moisturizer (s) used on problem areas	<input type="checkbox"/> No moisturizer used since last visit	

Anything else you want the doctor to know about **this** problem:

Turn over
to other side.



ALL TREATMENTS

Since your last visit for this problem only:

I have had NO treatments of any kind since the last visit for this problem.

NAME of each product Include: <ul style="list-style-type: none"> • Prescriptions • Over-the-counter • Any other treatment 	TYPE of product E.g.: <ul style="list-style-type: none"> • pill • cream • ointment • gel • liquid • cleanser 	Date FIRST used?	Date LAST used?	HOW OFTEN used or applied? Eg. Daily Weekly	Office Use
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					