NEW Problem

(Not previously addressed by Dr. Vennos)

Questionnaire

Patient Name

Date________________________

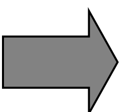
Directions:

1. Please complete this form if you have a skin condition. 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**.

Describe your problem (E.g., rash, spots, bumps, etc)		Office Use Only
Location of problem (E.g., back, face, arms, legs)		
Date problem first ever started	Month _____ Day _____ Year _______	
Have any tests done for this problem? (E.g., a skin sample, blood tests, etc.)	☐ Yes, result ☐ No	
Feel of skin problem (E.g., itch, sore, rough, burning)	☐ Feels normal	
Look of skin problem E.g., color, shape	☐ Looks normal	
Has problem ever gone away?	☐ No ☐ Yes, when:	
Name brand of **soap (s) or shampoo** used on problem area	☐ No soap ever used	
Name brand of **moisturizer (s)** used on problem areas	☐ No moisturizer ever used	

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

Continued



List all Treatments and Products
Current and prior for <u>this skin problem only</u>.

☐ I have had NO treatments of any kind for this problem.

NAME of each product Include: • Prescriptions • Over-the-counter • Any other treatment	**TYPE** of product E.g.: • 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.					
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