You can greatly assist me in diagnosing your rash by giving me an accurate history of the evolution, development, and treatment of your rash.

Have you had this rash before? Yes/No (please circle one) If so, when and how many times___________________________________________________________________
___________________________________________________________________
How long have you had the rash?__________________________________________
Is it constant or intermittent? (Circle one)
If intermittent, how long does it last? ____ How often does it happen? ____________
Does anything trigger it?__________________________________________________
What location did the rash start on your body? __________________________________
Where is the rash now?_____________________________________________________
Is it getting better? ________ worse? __________stable?_____________________
Anybody else have it?______________________________________________________
What have you tried? How many times each day and how may days in a row. When did you begin and end each treatment?
________________________________________________________________________
________________________________________________________________________
Anything make it better?____________________________________________________
Anything make it worse? ___________________________________________________  
List medications, herbals, alternative treatments you have started in the past year, and the date begun_______________________________________________________________
________________________________________________________________________
Medications: What prescriptions, over the counter meds, alternative meds, vitamins or herbals, other than those listed above, do you take regularly or on an as needed basis? (You may attach a list)
________________________________________________________________________
________________________________________________________________________
Skin Products used such as moisturizers, cleansers, sun blocks, or other items applied to the skin _________________________________________________________________
_________________________________________________________________
Laundry products you use, detergents, fabric softeners, anti-static sheets_______________________________________________________________
________________________________________________________________________
Have you felt ill or sick in the two weeks prior to the rash or during the rash? Any fever or chills?  
________________________________________________________________________
  
Continue on reverse