

PATIENT FILL OUT PAGE 1

RASH QUESTIONNAIRE page 1/2

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Date \_\_\_\_\_

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? \_\_\_\_\_

Itch? \_\_\_ Hurt? \_\_\_ Burn? \_\_\_ Sensitive? \_\_\_ Blisters? \_\_\_ Pus? \_\_\_ Dry? \_\_\_ Oozing? \_\_\_

What have you tried? How many times each day and how many 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? \_\_\_\_\_

