**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)**  usedon problem areas | * No moisturizer ever used |  |

Continued

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

**List ALL Treatments**

**List all Treatments and Products**

**Current and prior for this skin problem only.**

* 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.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |
| **10.** |  |  |  |  |  |
| **11.** |  |  |  |  |  |
| **12.** |  |  |  |  |  |
| **13.** |  |  |  |  |  |
| **14.** |  |  |  |  |  |
| **15.** |  |  |  |  |  |

C:\Users\Liz\Documents\NEW Problem Questionaire 06-01-22.docx