TDC
THE DOCTORS CLINIC

Virginia Mason Franciscan Health™

A part of Franciscan Medical Group

DERMATOLOGY PATIENT HISTORY FORM

History of Present Illness

Referred by: _____ Primary Care Physician: _____ Preferred Pharmacy: _____

Reason for visit: _____ How long have you had this issue? _____

On what area of your body? _____

Check the appropriate symptoms:

Y Itching Y Painful Y Bleeding Y Burning Y Growing Y Comes and goes Y Darkening

List the medications you have used to treat this skin problem: _____

What skin care products do you use? _____

Social History

Tobacco use: Y N

Do you drink alcohol? Y N # drinks per day

Do you have a history of Y N
blistering sunburns?

Extensive sun exposure Y N

Exposure to radiation Y N
(other than xrays)

Do you use sun protection (clothing, hats, sunscreen)? Y N

Use of tanning lights Y N

How often do you use a tanning bed or lights? Y N

Occupation: _____ Where did you grow up? _____

Any changes in your health since your last visit? Y N

If so, check any changes (next page):

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Name: _____ **DOB:** _____ **Date:** _____

Skin/Nails

- ☐ Y ☐ N New or changing moles
- ☐ Y ☐ N Localized skin discoloration
- ☐ Y ☐ N Acne
- ☐ Y ☐ N Skin: a rash
- ☐ Y ☐ N Superficial skin pain burning
- ☐ Y ☐ N Urticaria/Hives
- ☐ Y ☐ N Allergic reaction
- ☐ Y ☐ N Telangectasias
- ☐ Y ☐ N Skin lesions
- ☐ Y ☐ N Skin lesion: bleeds
- ☐ Y ☐ N Itching (pruritus)
- ☐ Y ☐ N Skin swelling
- ☐ Y ☐ N Dry skin
- ☐ Y ☐ N Skin/nail infection
- ☐ Y ☐ N Symptoms of Nail/Skin thickening

Constitutional

- ☐ Y ☐ N Feeling fine
- ☐ Y ☐ N Recent weight loss (lbs)
- ☐ Y ☐ N Recent weight gain (lbs)
- ☐ Y ☐ N Fever
- ☐ Y ☐ N Feeling tired

Endocrine

- ☐ Y ☐ N Intolerance to heat
- ☐ Y ☐ N Intolerance to cold
- ☐ Y ☐ N Excessive thirst/fluid intake
- ☐ Y ☐ N Deepening of voice
- ☐ Y ☐ N Changed sexual interest (libido)
- ☐ Y ☐ N Loss of hair from head or body
- ☐ Y ☐ N Excessive facial/body hair

Neurologic

- ☐ Y ☐ N Tingling
- ☐ Y ☐ N Headache
- ☐ Y ☐ N Numbness

Gynecological

- ☐ Y ☐ N Menses abnormal
- ☐ Y ☐ N Menarche
- ☐ Y ☐ N Planning pregnancy
- ☐ Y ☐ N Pregnancy
- ☐ Y ☐ N Patient is breastfeeding
- ☐ Y ☐ N History of miscarriages #
- ☐ Y ☐ N Menopause has occurred

Musculoskeletal

- ☐ Y ☐ N Joint pain, localized
- ☐ Y ☐ N Joint swelling, localized
- ☐ Y ☐ N Muscle aches
- ☐ Y ☐ N Muscle weakness

Psychiatric

- ☐ Y ☐ N Depression
- ☐ Y ☐ N Anxiety

Eyes

- ☐ Y ☐ N Loss of part of field of vision
- ☐ Y ☐ N White/light spots in field of vision
- ☐ Y ☐ N Eyelid skin lesion
- ☐ Y ☐ N Eye sores
- ☐ Y ☐ N Eye irritation

Ears, Nose, Throat

- ☐ Y ☐ N Skin lesion on ears
- ☐ Y ☐ N Skin lesion on nose
- ☐ Y ☐ N Skin lesion on lip
- ☐ Y ☐ N Lesions in the mouth
- ☐ Y ☐ N Lesions on the tongue
- ☐ Y ☐ N Stuffiness

Immunosuppression

- ☐ Y ☐ N Immunosuppression drugs, leukemia, HIV or other

Genitourinary

- ☐ Y ☐ N Blood in urine
- ☐ Y ☐ N Pain during urination
- ☐ Y ☐ N Urinary frequency
- ☐ Y ☐ N Penile discharge
- ☐ Y ☐ N Vaginal discharge
- ☐ Y ☐ N Genital lesion

Hematologic/Lymphatic

- ☐ Y ☐ N Clotting problems
- ☐ Y ☐ N Easy bleeding
- ☐ Y ☐ N Swollen lymph nodes
- ☐ Y ☐ N Limb swelling

Cardiac

- ☐ Y ☐ N Chest pain
- ☐ Y ☐ N Palpitations

Gastrointestinal

- ☐ Y ☐ N Abdominal pain
- ☐ Y ☐ N Diarrhea
- ☐ Y ☐ N Nausea
- ☐ Y ☐ N Vomiting
- ☐ Y ☐ N Constipation

Respiratory

- ☐ Y ☐ N Shortness of breath
- ☐ Y ☐ N Wheezing
- ☐ Y ☐ N Cough

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