Patient Name_____Date_____

DERMATOLOGY FIRST VISIT Seen in consultation at the request of:

Chief Complaint: (location, duration, quality, severity, timing, context, modifying factors, associated signs/symptoms)
(level: 1,2 = 1-3 bullets, 3-5 = any 4+ bullets OR the status of 3+ chronic or inactive conditions)

PFSH (level 3 =1, level 4-5 = 3) **Allergies:**
Do you or your family have a history of any of the following?

	YOU		YOUR FAMILY	
	YES	NO	YES	NO
Psoriasis	☐	☐	☐	☐
Eczema	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐
Heart problems	☐	☐	☐	☐
Lung problems	☐	☐	☐	☐
Stomach problems	☐	☐	☐	☐
Asthma/hayfever	☐	☐	☐	☐
Kidney problems	☐	☐	☐	☐
Arthritis	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
Skin Cancer	☐	☐	☐	☐
Tuberculosis	☐	☐		

Medications:

Social History:
Number of children/age(s)_____Occupation_____Hobbies/leisure activities_____
Females: Are you pregnant or planning to become pregnant in the near future? **YES** **NO**
Do you smoke? **YES** **NO** How many packs per day? _____ How many years? _____
How much alcohol do you drink? _____

Are you currently having problems with any of the following? (level 2 = 1, level 3 = 2-9, level 4-5 = 10+)

	YES	NO	(if YES, please explain)
General Health: (e.g. fever, weight loss)	☐	☐	
Eyes	☐	☐	
Ears/Nose/Throat	☐	☐	
Heart	☐	☐	
Lungs	☐	☐	
Stomach/bowels	☐	☐	
Kidneys	☐	☐	
Arthritis	☐	☐	
Headaches/Seizures	☐	☐	
Depression/Anxiety	☐	☐	
Thyroid/Diabetes	☐	☐	
Bleeding disorder	☐	☐	

☐ Return to clinic earlier PRN changes in size, color, or symptoms of any lesion.

Reviewed_____ Date_____
(MD signature)

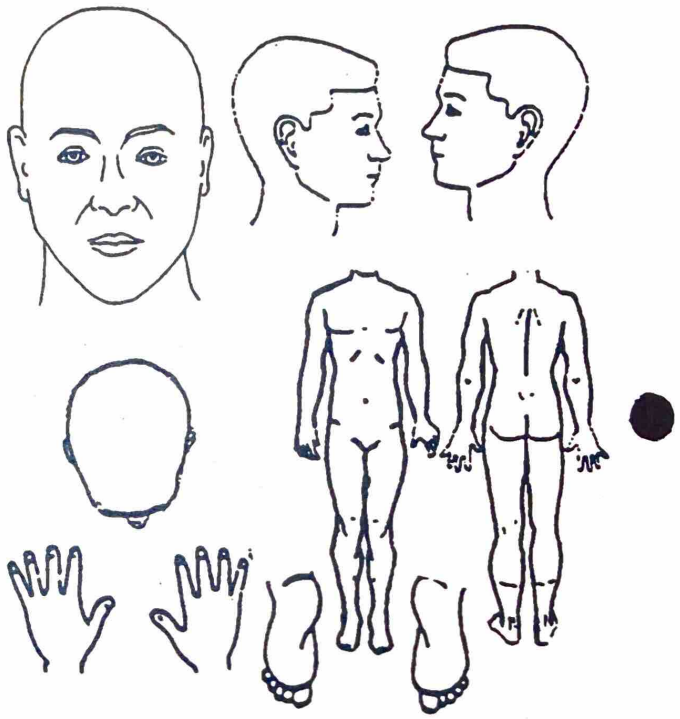
Patient Name_____ Date_____

PHYSICAL EXAM

☐ Patient refuses total body exam

(new pt: 2 = any 6 bullets, 3 = any 12 bullets, 4-5 = all)
(return: 2 = 1-5 bullets, 3 = 6 bullets, 4 = 12 bullets

	NL	Abnl	
General appearance	☐	☐	☐ Multiple RTM'S/RTP'S
Mood and affect	☐	☐	_____
Conjunctivae	☐	☐	☐ Scaly red papules
Lips/teeth/gums	☐	☐	_____
Oropharynx	☐	☐	☐ Comedones/paps/nodules
Peripheral vascular	☐	☐	_____
Lymph nodes	☐	☐	
Digits/nails	☐	☐	
Hands/feet	☐	☐	
Skin			
Scalp/hair	☐	☐	
Face/ears/nose	☐	☐	
Neck	☐	☐	
Chest/axilla/flank	☐	☐	
Abdomen	☐	☐	
Genitalia/groin/buttocks	☐	☐	
Back/shoulders	☐	☐	
RUE	☐	☐	
LUE	☐	☐	
RLE	☐	☐	
LLE	☐	☐	



ASSESSMENT AND PLAN

☐ Return to clinic earlier PRN changes in size, color, or symptoms of any lesion.

☐ Potential side effects of medication / drug interaction / treatment / procedure discussed with patient

☐ Informed patient to discontinue meds if pregnant or if develops unusual symptoms

☐ A/P: Benign pigmented lesions: Sun protection / Skin cancer education / Self-skin examination

☐ Samples provided:

A/P: (sites):

☐ Destruction of _____ #____ as described above using ☐ liquid nitrogen, ☐ light EC, per usual protocol for lesion.

A/P: (sites):

☐ Destruction of _____ #____ as described above using ☐ liquid nitrogen, ☐ light EC, per usual protocol for lesion.

A/P: possible:

☐ Biopsy (shave)(punch_____mm. ____ prolene) of (sites) _____

to pathology; 1% lido/epi/$NaHCO_3$ for local anesthesia; $AlCl_3$ / EC for hemostasis; wound care written and verbal to patient.
Patient verbally consented for permanent skin discoloration and/or scar. Will call patient with pathology results.

☐ ILT: ☐ acne cysts ☐ keloid ☐ other_____ Strength_____ mg/cc Amount_____ Location_____ #_____

RETURN VISIT: _____ **SIGNATURE**_____