



# Pediatric Dermatology

## Patient History Questionnaire

Patient Accompanied By: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Under care of other physician (physician specialty) \_\_\_\_\_

Exposed (within last 30 days):  Measles  Mumps  Chicken Pox  Tuberculosis  Resistant Bacteria  None  Other \_\_\_\_\_

Isolation:  None  Airborne Infection  Contact Precautions  Droplet Precautions

### Dermatology Specific:

Please list specific skin problems: \_\_\_\_\_

Where on the body: \_\_\_\_\_

How long has this problem been present? \_\_\_\_\_

Please list any past/current treatments that have been used: \_\_\_\_\_

Any other skin problems or concerns?  No  Yes If yes, please explain: \_\_\_\_\_

Is there anyone in the family with skin problems?  No  Yes If yes, please list:

\_\_\_\_\_

Name of soap you are using: \_\_\_\_\_

Name of moisturizer: \_\_\_\_\_

Name of Shampoo: \_\_\_\_\_

Name of laundry detergent: \_\_\_\_\_ Dryer Sheets: \_\_\_\_\_

Fabric Softener: \_\_\_\_\_

Bathing Regimen:  Bath  Shower Times per week: \_\_\_\_\_ How long: \_\_\_\_\_

Has the patient ever had sunburn that blistered?  No  Yes

Allergies: \_\_\_\_\_

### Current Medications:

\_\_\_\_\_

### Past Medical History/Problems/Surgeries/Hospitalizations:

\_\_\_\_\_