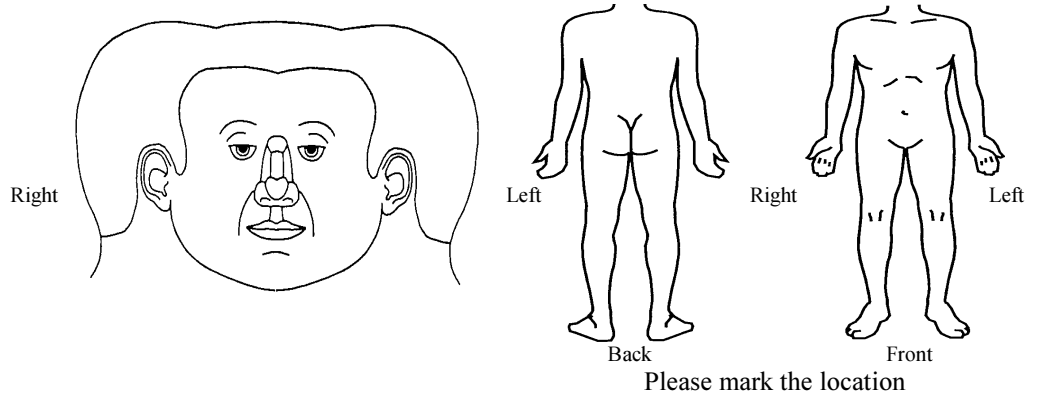


**Follow Up Visit
Established Patient
History Form**

Date Patient Date of Birth Allergies

Chief Complaint Please circle & describe → Same or New Acne Spot Mole Wart Growth Rash Itching &/or other



1-Follow Up Problem:

Status: Clear Better Same Worse List:

Treatment Side-effects &/or Complications: *None* or List:

2-Follow UP Problem:

Status: Clear Better Same Worse List:

Treatment Side-effects &/or Complications: *None* or List:

3-Follow Up Problem:

Status: Clear Better Same Worse List:

Treatment Side-effects &/or Complications: *None* or List:

Review of Current Medications, Drug Allergies & Other Contraindications: No Change Updated

Review of Systems:

Skin: Itching Irritation Soreness Swelling Welts Blisters Bleeding Abnormal Sensation Rashes *None* &/or other Please describe

General: Itching Pain Exhaustion Fatigue Malaise Weight Gain/Loss Headache Fever *None* &/or other Please describe

Allergic/Immunologic: Urticaria Hay fever Hives Persistent infections Hepatitis B C TB HIV *None* &/or other Please describe

Other System Review: Psych Neuro Eye ENT CV Resp GI GU Endocrine Breast Blood LN Bone Muscle Joint same new

Review of Past, Family & Social History dated: No Change Updated

New Problem: None Acne Spot Mole Wart Growth Rash Itching &/or other

Location Generalized Multiple As marked above or List:

Durationdaysweeksmonthsyears unknown

Timing Acute Chronic Persistent Recurrent **Onset** Sudden Gradual

Quality No-Symptoms Itching Irritating Painful Non-Healing Changing Suspicious Unsightly Bothersome Upsetting &/or list:

Severity Mild Moderate Severe Extensive Extent Generalized Localized

Context: Any special Association: *None* Unknown or list:

Aggravated by: None Unknown Nerves Stress Menses Contact Allergy Plants Chemicals Work Sports Hobbies Pets Drugs &/or list

Improved by: None Unknown Meds OTC Home remedies Other Please list:

Associated Signs & Symptoms: None Itching Pain Abnormal Sensation Weakness Other Please list:

Dermatology Exam & Management

Patient Name:

Date of Birth:

Date of Exam:

Chaperone/Scribe:

Culturally Sensitive Exam

Spot Evaluation Only

Constitutional-General Appearance

Build, Nutrition, Posture, Grooming	Normal	Yes	No
Vital Signs Wt. Pulse, BP, Temp			

Neuro/Psychiatric

Alert & Oriented in T/S/P	Normal	Yes	No
Mood and Affect	Normal		

Eyes

Eyelids and Conjunctivae	Normal	Yes	No

Hair & Sweat Glands

Scalp & Body Hair	Normal	Yes	No
Eccrine & Apocrine Glands	Normal		

Skin & Subcutaneous Tissues

Blemishes, Rashes, Lesions, Photodamage etc		Yes	No
Head & Face	Normal		
Neck	Normal		
Chest, Breast & Axillae	Normal		
Abdomen	Normal		
Genitalia, Groin & Butcks	Normal		
Back	Normal		
Right Upper Extremity	erm		
Left Upper Extremity	Normal		
Right Lower Extremity	Normal		
Left Lower Extremity	Normal		

Cadiovascular (Peripheral)

No edema, Circulation ok	Normal	Yes	No

Extremities

No digital cyanosis or clubbing	Normal	Yes	No

Ear, Nose, Mouth & Throat

Lips, Teeth and Gums	Normal	Yes	No
Oropharynx	Normal		

Neck

Thyroid, nodules or masses	Normal	Yes	No

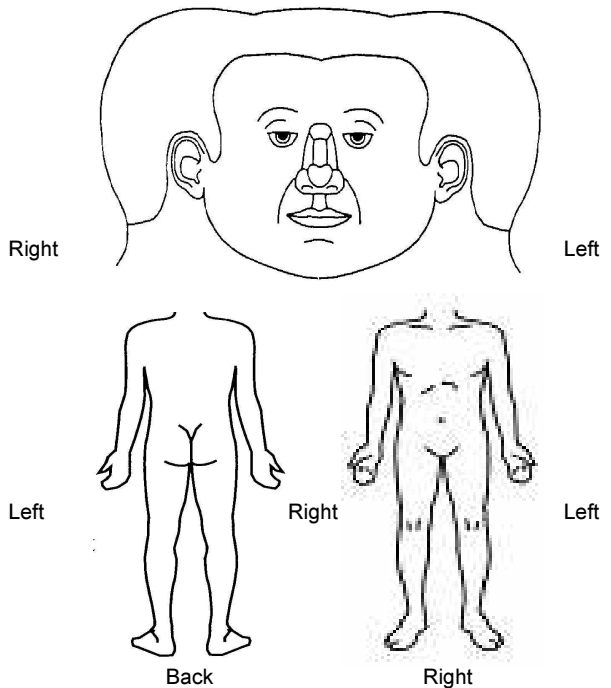
Lymph Nodes

1-Neck 2-Axillae 3-Groin	Normal	Yes	No

Gastrointestinal

No anal growths or fissures	Normal	Yes	No
No hepatosplenomegally	Normal		

Comprehensive Derm Exam requires evaluation of all above areas.
Referrals are made for Complete Medical Evaluations & Procedures



Pertinent Details

Clinical Impression

Management Plan

Rx CME Labs KOH C&S Bx Surg

Follow Up

Week Month PTC PCP REF