KNOTT STREET
DERMATOLOGY

PATIENT DERMATOLOGY & ALLERGY HISTORY

NAME _____ DATE _____

☐ M ☐ F

PATIENT AGE _____ SEX _____ OCCUPATION _____

Race: ☐ White ☐ Hispanic ☐ Black or African-American ☐ American Indian ☐ Asian ☐ Other

Existing Conditions

☐ Cancer _____
☐ Cardiovascular Disease _____
☐ High Blood Pressure _____
☐ Alcohol / Drug Abuse _____
☐ High Cholesterol _____
☐ Lung / Respiratory Disease _____
☐ Infectious Disease _____
☐ Pregnancy _____
☐ Immune Disorders _____
☐ Obesity _____
☐ Other _____

☐ Stroke _____
☐ Diabetes _____
☐ Depression _____
☐ Liver Disease _____
☐ Kidney Disease _____
☐ Neurological Disorders _____
☐ Allergies _____
☐ Menopause _____
☐ Puberty _____
☐ Skin Disorders _____

Current Medicines OTC & Rx (dates, dosages)

☐ Vitamins/Minerals _____
☐ NSAIDs _____
☐ Asthma Medications _____
☐ Oral Contraceptives _____
☐ Sedatives / Sleep Aids _____
☐ Rx Pain Meds _____
☐ Oral Hypoglycemics _____
☐ Hormones _____
☐ Diuretics _____
☐ Statins _____
☐ Other _____

☐ Herbs _____
☐ Asprin _____
☐ Antihistamines _____
☐ Thyroxin _____
☐ Steroids (nasal / topical) _____
☐ Antidepressants _____
☐ Insulin _____
☐ Antibiotics / Antifungals _____
☐ Other BP Medications _____
☐ Anticoagulants _____

Medical Devices

☐ Implants _____
☐ Braces _____
☐ Crowns / Bridges _____

☐ Stents _____
☐ Fillings _____
☐ Other _____

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Current Complaint: _____

Date of onset and/or duration: _____

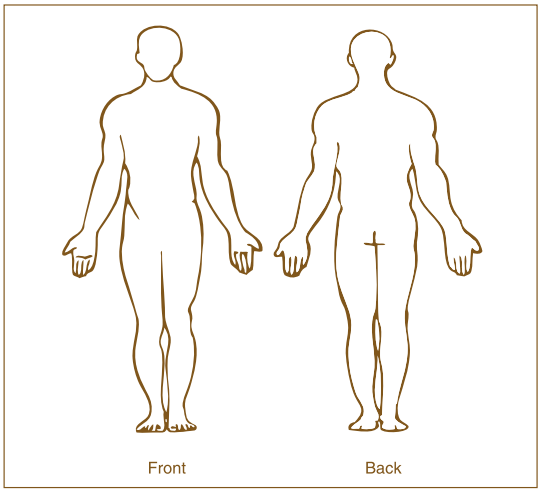
At Onset: Area(s) affected _____

Severity: ☐ Mild ☐ Moderate ☐ Severe

Type and pattern of eruption _____

NOW: Area(s) affected _____

Severity:	☐ Mild	☐ Moderate	☐ Severe
Currently:	☐ Stable	☐ Increasing	☐ Decreasing
Worsens During:	☐ Work Week	☐ Weekends	
Improves During:	☐ Weekends	☐ Holidays / Vacations	
Oubreak Frequency:	☐ Weekly	☐ Monthly	
	☐ Annual	☐ Seasonal	
Previous Outbreaks:	☐ No	☐ Yes, on date(s):	
Self-treat:	☐ No	☐ Yes	
Physician treat:	☐ No	☐ Yes, on date(s):	



History of allergic disorders: ☐ Childhood eczema ☐ Asthma ☐ Hay fever ☐ Urticaria

Food allergy: ☐ Suspected ☐ Known:

Other known allergies: ☐ Nickel/metals ☐ Flowers/trees/grasses ☐ Fragrances ☐ Latex (type I)
☐ Rubber ☐ Medicines ☐ Insects ☐ Animals ☐ Other

Suspected allergies: _____

Previous drug reactions: ☐ No ☐ Yes: drug(s), date(s): _____

Family history of allergies and asthma: ☐ Yes ☐ No **Hay fever:** ☐ Yes ☐ No **Eczema:** ☐ Yes ☐ No

Relationship (name): _____ Allergy: _____

Relationship (name): _____ Allergy: _____

Home Environment: ☐ House ☐ Apartment/Condo

Constructed after 1980: ☐ Yes ☐ No Renovated since 1980: ☐ Yes ☐ No

Location: ☐ Suburban ☐ Urban ☐ Rural ☐ Other: _____

Duration of residence: _____

Frequency of housecleaning:	☐ Daily	☐ Weekly	☐ Monthly	☐ Occasional
Participates in housecleaning:	☐ No	☐ Yes, always	☐ Yes, sometimes	☐ Rarely
Does laundry:	☐ No	☐ Yes, daily	☐ Yes, weekly	☐ Yes, sometimes

Equipment/Materials used: _____

Detergents: _____

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Pets/Animals: ☐ None ☐ Cats ☐ Dogs ☐ Birds ☐ Rodents ☐ Livestock ☐ Other _____

Pets/animals as a child: ☐ No ☐ Yes:_____ Regular contact: ☐ Yes ☐ No

Recent animal contact: ☐ No ☐ Yes:_____ Pets in house: ☐ Yes ☐ No

Symptoms noticed at home or around animals: _____

_____

Sports/Hobbies: ☐ Golf ☐ Skiing ☐ Baseball ☐ Running/hiking ☐ Tennis/raquetball

☐ Basketball ☐ Football ☐ Sewing ☐ Paper crafts ☐ Home repairs ☐ Knitting/needlework

☐ Ceramics ☐ Guitar ☐ Piano ☐ Painting ☐ Computers ☐ Woodworking

☐ Other instruments: _____ ☐ Photography ☐ Other

Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Once a year ☐ Rarely

Duration: _____ ☐ Equipment/Materials used: _____

Symptoms noticed in sports/hobbies: _____

_____

Personal Care Product Frequency of Use and Type or Brand:

Symptoms noticed with personal care:

☐ Handwashing: _____ ☐ Soap: _____

☐ Bathing: _____ ☐ Soap: _____

☐ Lotion: _____ ☐ Cream: _____

☐ Deodorant: _____ ☐ Body wash: _____

☐ Perfume: _____ ☐ Aftershave: _____

☐ Shaving cream: _____ ☐ Hair coloring: _____

☐ Toothpaste: _____ ☐ Mouthwash:_____

☐ Shampoo: _____ ☐ Conditioner: _____

☐ Hair styling aids:_____ ☐ Nail polish: _____

☐ Other personal care products:_____

Makeup Worn: ☐ Blush ☐ Mascara ☐ Face powder ☐ Eyeshadow/liner

☐ Foundation/base ☐ Remover ☐ Concealer ☐ Lipstick/gloss/liner ☐ Moisturizer/cream

☐ Toner/astringent ☐ Masque ☐ Cleanser ☐ Other: _____

Contact lenses: ☐ Saline ☐ Lens cleaner(s): _____

Jewelry: ☐ Wear daily ☐ Wear weekends ☐ Wear seldom ☐ Wear special occasions

☐ Type: ☐ Rings ☐ Watch ☐ Bracelet(s) ☐ Earrings ☐ Piercing(s) ☐ Necklace(s)

☐ Metals: ☐ Gold ☐ Sterling ☐ Stainless steel ☐ Platinum ☐ Nickel plated ☐ Other: _____

Tattoos: ☐ New ☐ Old ☐ Permanent ☐ Temporary ☐ Henna-based

Condoms/Diaphragm Use: ☐ Daily ☐ Weekly ☐ Monthly ☐ Occasionally

Type: _____

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Employment History:

Current employer: _____ Since (date): _____

Job title: _____ Since (date): _____

Job description: _____

Same employer at onset of dermatitis: _____ ☐ Yes ☐ No; employer at onset: _____

Previous job description and duration: _____

Regular contact: ☐ Metals ☐ Dust ☐ Fibers ☐ Fluids ☐ Vibration/cold/heat

☐ Solvents ☐ Fumes ☐ Chemicals ☐ Other: _____

☐ Rarely ☐ Daily ☐ Weekly ☐ Monthly ☐ Other:

Describe work site: ☐ Factory ☐ Office ☐ Hospital ☐ Laboratory ☐ Construction

☐ Agriculture ☐ Indoors ☐ Outdoors ☐ Other: _____

Work Equipment: ☐ Gloves ☐ Boots ☐ Face shield ☐ Apron /mask/respirator

☐ Overalls ☐ Badge ☐ Head covering ☐ Monitors ☐ Other _____

Symptoms at work: _____ Since (date): _____

Description of work when symptoms began: _____

Materials associated with this work: _____

Treatment/Documentation at place of employment: _____

Effect of weekends/holidays/vacations: ☐ Improved ☐ No change ☐ Worse

Loss of work: ☐ No ☐ Yes, on dates: _____ Other workers with same problem ☐ No ☐ Yes

Previous compensation claims: ☐ No ☐ Yes, for _____

Second job: ☐ Full-time ☐ Part-time Position: _____

Job description: _____

_____

Describe work site: ☐ Factor ☐ Office ☐ Hospital ☐ Laboratory Construction

☐ Agriculture ☐ Indoors ☐ Outdoors ☐ Other:

Symptoms at 2nd job: ☐ Same ☐ Different: Since (date): _____

Notes:

_____

_____

_____

_____

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