

## Dermatology Exam & Management

**Patient Name:**

**Chaperone/Scribe:** Dr. Irum Pasha or List:

**Drug Allergies & Contraindications:** *None or List*

**Date of Birth:**

**Age:**

**Date of Exam:**

**Sex:** M F

**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	Normal		
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**

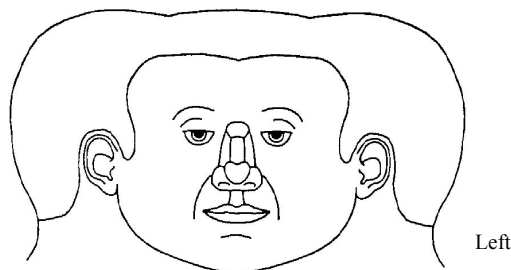
1-Neck 2-Axillae 3-Groin	Normal	Yes	No

**Gastrointestinal**

No anal growths or fissures	Normal	Yes	No
No hepatosplenomegally	Normal		

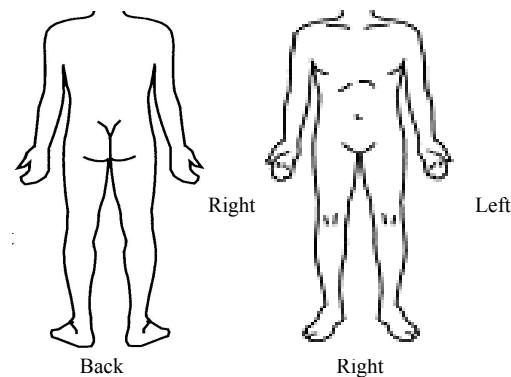
Our Derm Exams are essentially Focused ie Spot Checks only.

Problem Based Exam:- Focused: 1 Expanded: 6 Detailed: 12



Right

Left



Left

Right

Left

Back

Right

Culturally Sensitive Exam - Spot Checks only

**Pertinent Details** (Photo &/or Audiovisual documentation)

**Clinical Impression**

**Management Plan**

KOH C&S Bx Surg CME WorkUp Ref

We provide only limited office based derm diagnostic and therapeutic services.

**Follow Up**

Week

Month

PTC

PCP

REF