

Dermatologic Evaluation & Management

Date _____ Patient _____ Age _____ Date of Birth _____ Referred by *none* or list _____

Preexisting Conditions: _____ **Drug Allergies:** _____

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

History:
Location: Generalized Multiple As marked above or list:
Duration: How Long? When?daysweeksmonthsyears unknown
Timing: Acute Chronic Persistent Recurrent **Onset** Sudden Gradual
Quality: No-Symptoms Itchy Irritating Painful Non-Healing Changing Suspicious Unsightly Bothersome Upsetting &/or list:
Severity: Mild Moderate Severe Extensive **Extent** Generalized Localized
Context: Any special Association/Context: 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:

Review of Systems:
Skin: Itching Irritation Soreness Swelling Welts Blisters Bleeding Abnormal Sensation Rashes &/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

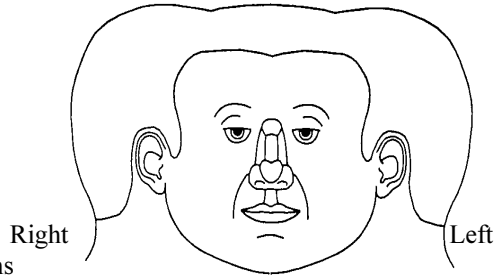
Review of Current Medications, Drug Allergies & Other Contraindications: No Change Updated

General Examination

General Appearance: Well developed, well nourished, no acute distress
 Normal Body Habitus, No Deformities. Well Groomed
Neurological Orientation: Oriented to time, place, and person
Psychiatric Mood and affect: No depression, anxiety, or agitation

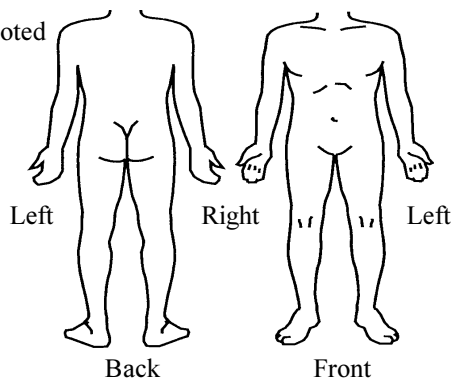
Relevant Organ Examination

Eyes External: Conjunctivae and eyelids normal. No redness or swelling
Extremities Digits and Nails: No clubbing, cyanosis, petechiae, ischemia, infections or nodes
ENT-Lips, Teeth & Gums: No lip erosions or blisters, Normal dentition, Healthy gums
ENT-Oropharynx: Normal Mucosa hard & soft palate, Tongue, Tonsils & Pharynx
Neck Thyroid: No Enlargement, Tenderness or Swelling of thyroid gland
Heme Lymphatic: No palpable lymph nodes in neck, axillae, groin or other locations
Peripheral Vascular System: No stasis, swelling, edema, tenderness or impaired circulation
GI-Anus: No evidence of fissures, granulomas, ulcers, condyloma or tumors
GI-Liver & Spleen: No enlargement or tenderness of liver &/or spleen or other masses noted



Skin & Subcutaneous Examination

Hair on scalp & body: Normal hair distribution and consistency
Eccrine & Apocrine: No evidence of hyperhidrosis, chromhidrosis, or bromhidrosis
Head & Face: No rashes, lesions, ulcers, or evidence of photo damage
Neck: No rashes, lesions, ulcers, or evidence of photo damage
Chest, Breast, Axillae: No rashes, lesions, ulcers, or evidence of photo damage
Abdomen: No rashes, lesions, ulcers, or evidence of photo damage
Genitalia, Groin, Buttocks: No rashes, lesions, ulcers, or evidence of photo damage
Back: No rashes, lesions, ulcers, or evidence of photo damage
Right Upper Extremity: No rashes, lesions, ulcers, or evidence of photo damage
Right Lower Extremity: No rashes, lesions, ulcers, or evidence of photo damage
Left Upper Extremity: No rashes, lesions, ulcers, or evidence of photo damage
Left Lower Extremity: No rashes, lesions, ulcers, or evidence of photo damage



Clinical Impression:

Recommendations: x → active chronic supportive medical work up surgical special

Schedule FollowUp: w m ptc Bx Exc Surg Inj Lab CME PCP Ref-Consult