Phoebe Rich Dermatology

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Nail Questionnaire

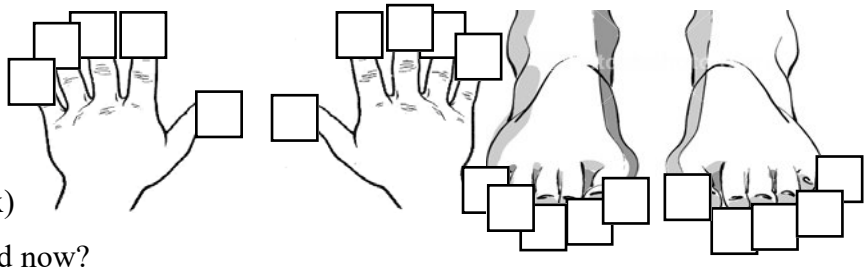
Name: _____ Age: _____ Sex: M or F Date: _____

Who referred you to our office? _____

Were you born with this nail problem? _____ ***If no, when did this problem begin?*** _____

What hand is your dominant hand? _____

Which nails were affected first?



(Mark with an x)

Which nails are affected now?

(Mark with a √)

What are your symptoms? (please circle all that apply)

☐ Thickening ☐ Lifting ☐ Discoloration ☐ Ridges ☐ Pitting ☐ Pain ☐ Hot/Cold Sensitivity

☐ Redness ☐ Growth/Lesion under the nail ☐ Cuticles Inflamed ☐ Bands/Stripes in the nail

How has this changed from onset to present?

_____

Describe your nails in general (hard, soft, brittle, etc.)_____

Have you ever traumatized any of the involved nails? (Stubbed your toe, hit the nail with a hammer, caught in a door, etc.)_____

What kind of work do you do? _____

Do you do anything to affect your nails or the tips of your fingers or toes? (hobbies, typing, dishwashing, sports, knitting, gardening, etc.)

_____

Do you have contact with any chemicals or irritants such as strong soaps, hair color/straightening chemicals, dyes, wet work, etc.?

_____

Have you in the past or recently done any of the following? (please circle all that apply)

☐ Pick at your nails ☐ Bite/suck your nails ☐ Wear tight or pointed toe shoes ☐ Push the cuticle back

☐ Tear your nails off ☐ Ingrown nails ☐ Hangnails/inflammation of the cuticle

Personal nail care:

Do you go to a manicurist? _____ How often? _____What is usually done? _____

List any cosmetics or conditioners that you use including: Base coat, top coat, polish removers, enamel/nail strengtheners, cuticle treatments, hand creams, glues, acrylics, shellac, or gels?

_____

Do you have any other skin or nail related problems, or have you ever in the past? (circle all that apply)

☐ Jock itch ☐ Psoriasis ☐ Athlete's foot ☐ Thyroid problems ☐ Anemia ☐ Lichen Planus ☐ Ringworm
☐ Yeast Infections ☐ Patchy Hair Loss ☐ Diabetes ☐ Melanoma ☐ Basal Cell or Squamous Cell Carcinoma
☐ Bleeding Problems ☐ Other _____

Do you have a history of related problems in the following areas?

☐ Eyes ☐ Ears ☐ Nose ☐ Throat ☐ Lungs ☐ GI tract ☐ Urinary tract ☐ Blood ☐ Muscular/Skeletal
☐ Neurological ☐ Hormones ☐ Heart ☐ Immune System

Describe your hair (coarse, thick, thin, fine, sparse, etc.)

_____

List all medication that you have taken <u>within the last year</u> that you are <u>NOT</u> currently taking:

_____

What treatments have you tried for your nail problem (past and present):

_____

Does anyone in your family have nail problems, diabetes, thyroid, skin problems, or patchy hair loss?

_____

What do you think is the cause of your nail problem? _____

Is there anything else you would like us to know? _____

_____

How would you describe your skin type (please check)?

Always burns (does not tan) ☐
Burns easily (tans poorly) ☐
Tans after initial burn ☐
Burns minimally (tans easily) ☐
Rarely burns (tans darkly easily) ☐
Never burns (always tans darkly) ☐