

Oregon Dermatology and Research Center
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Dermatitis (Eczema, Rash) History Sheet

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

Briefly describe your skin condition _____

When did it begin? _____

Which areas of your skin are involved? _____

What makes it better? _____ *Worse?* _____

What are your symptoms? Itching Burning Stinging Redness Hives
Open sores Weeping/Oozing Red Bumps Flaking Thickening

What type of work do you do? _____

How many times a day do you wash your hands? _____

Do you work with chemicals? _____ *Do you wear gloves?* _____

What medications are you using now for your rash? _____

What medications have you previously tried for your rash? _____

Have you tried any of the following?

Bag Balm Cortisone Vitamin E Aloe Anti-fungals Botanicals

What specific products do you use on your skin?

Soap/cleanser _____ Moisturizers _____

Hair products _____ Shaving products _____

Sun block _____ Fabric Softener _____

Detergent _____ Nail products _____

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

List related past illnesses, surgeries, injuries _____

Do you have allergies, hayfever, asthma? _____

Any significant family history? _____

List any family members who have allergies, hayfever, asthma or eczema _____

Thank you for completing this form! Your answers will allow us to facilitate a thorough work-up of your skin condition.