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Hyperhidrosis Evaluation Form

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

How would you rate the severity of your hyperhidrosis? Check one response

- a. sweating is never noticeable and never interferes with daily activities _____
- b. sweating is tolerable but sometimes interferes with daily activities _____
- c. sweating is barely tolerable and frequently interferes with daily activities _____
- d. sweating is intolerable and frequently interferes with daily activities _____

What is the focal location of sweating? Axillae (under arms) _____ or other (if so where) _____

Approximately how long have your symptoms been present? _____ years _____ months

Please specify if hyperhidrosis severely impairs the following daily activities:

- a. occupational impairment _____
- b. physical activity _____
- c. psychosocial effect _____
- d. other _____

Have you tried any over the counter antiperspirants? _____ If yes, for how long? _____ Was the treatment effective, tolerable and did you have any side effects? _____

Have you tried any prescription antiperspirants (like drysol)? _____ If yes, for how long? _____ Was the treatment effective, tolerable and did you have any side effects? _____

Have you ever treated your Hyperhidrosis with Botulinum Toxin Type A (Botox)? _____ If yes, for how long? _____ Was the treatment effective? _____ If yes, how long did the effects last? _____

Did you experience any side effects? _____

Have you ever had surgery for your Hyperhidrosis? _____ If yes, what was the date of the procedure? _____ Was the procedure effective? _____ Did you experience any side effects? _____

Other treatments or medications _____ Was it effective? _____

What was the length of treatment time? _____ What was the length of effectiveness? _____

Did you experience any side effects? _____

Additional Comments _____