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Skin Allergy/Infection Questionnaire

1. History

1. What is your major problem which brought you here?

2. How long have you had this condition? Is it getting worse?

3. Is there anything which makes your skin worse; anything which makes it better?

4. Is there anything you may be coming into contact with which might affect your skin?

5. Are you taking any medications for your skin now? Have they helped? Any medications which have not helped or made your skin worse?

II Diagnosis:

- | | |
|----------------------|------------------------|
| a. Eczema | e. Contact dermatitis. |
| b. Atopic dermatitis | f. Vasculitis |
| c. Hives | g. Warts |
| d. Chronic hives | h. Other |