

# 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 within the last year that you are NOT 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? \_\_\_\_\_*