

Oregon Dermatology and Research Center

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**Dermatitis (Eczema, Rash) History Sheet**

*Please help us be thorough in the diagnosis and treatment of your rash by answering the following questions:*

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, Thickening ,  
Open sores, Weeping/Oozing, Red Bumps, Flaking

*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.**