Nail Questionnaire

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

Were you born with this problem? ______ If no, when did this problem begin? __________

What hand is your dominant hand? ______________________________________________________

Which nails were affected first?

Which nails are affected now?

How has this changed from onset to present?

___________________________________________________________________________________

Describe your nails in general (hard, soft, brittle, ect.) ________________________________

Have you ever traumatized any of the involved nails? (Stubbed your toe, hit the nail with a hammer, caught in a door, ect.) ________________________________

What kind of work do you do? ___________________________________________________________________

Do you do anything to affect your nails or the tips of your fingers or toes? ___________________________________________________________________

Do you have contact with any chemicals or irritants such as strong soaps, hair color/straightening chemicals, dyes, wet work, ect.? ___________________________________________________________________

List any hobbies that may affect or traumatize your nails. ___________________________________________________________________

Have you in the past or recently done any of the following?

___ Pick at your nails ___ Wear tight or pointed toe shoes
___ Bite/suck your nails ___ Push the cuticle back
___ Tear your nails off if so how often? ______
___ Have ingrown nails ___  hangnails/inflammation of the cuticle
Personal nail care:

List any cosmetics or conditioners that you use including: Base coat, top coat, polish removers, enamel/nail strengtheners, cuticle treatments, hand creams, and glues.

Do you go to a manucurist? ______ How often? ______ What is usually done? _________________

Have you ever had the following? If so when and what type?

False Nails: ________________________________

Nail wraps: ________________________________

Do you have any other skin or nail problems or have you ever in the past?

___ jock itch  ___ psoriasis  ___ athletes foot  ___ thyroid problems

___ anemia  ___ lichen planus  ___ ringworm  ___ any yeast infections

___ patchy hair loss  ___ other ________________________________

Describe your hair (coarse, thick, thin, fine, sparse, ect.)

__________________________________________________________________

List all medication that you have taken with in the last year:

__________________________________________________________________

__________________________________________________________________

What treatments have you tried for your nail problem (past/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? ________________________________

Additional comments: ________________________________

__________________________________________________________________

Please do not write below this line

EXAM:
  1. Nails
  2. Mucous membranes
  3. Hair
  4. Skin
PHOTOS:
LAB EVALUATION:
  ___ KOH          ___ BIOPSY
  ___ X-RAY          ___ CULTURE
  ___ WOODS LIGHT  ___ BACTERIAL
  ___ BLOOD TEST