

ELIZABETH HUGHES, MD — NEW PATIENT VISIT INFORMATION

NAME: _____ **DOB:** _____ **DATE:** _____

Please describe ONE skin problem per form. Use additional forms, if more than one problem.

Describe your skin condition: _____

Where was the skin problem when you first noticed it? (i.e. arms, back, face, etc.):

Has it spread? If so, where? _____

When did it start? _____

Can you think of anything which may have triggered the problem? _____

What makes it better? _____

What makes it worse? _____

Skin symptoms:

- Itching
- Sore/painful
- Burning
- Bleeding
- Oozing
- Feels rough
- Peeling
- None

- Scarring
- Change in color of skin
- Change in color of hair
- Hair loss
- Draining pus
- Foul odor
- Other: _____

Does your skin condition cause difficult with mobility, using hands, or wearing clothing?

- No
- Yes; please explain: _____

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NAME: _____ DOB: _____ DATE: _____

Describe your current skin treatment, including washing and moisturizing:

Medication or Product	Dose and Frequency	Does it help?
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1.

2.

3.

4.

5.

6.

Describe any treatment you have received in the past for this condition, including washing, moisturizing and other non-prescription treatments.

Treatment	Dose and Frequency	Duration	Did it help?
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1.

2.

3.

4.

5.

6.

Have you seen a dermatologist for this condition in the past? (circle one) Yes No

If yes, when? _____

Is there any other information you feel Dr. Hughes should know?
