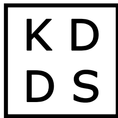

Kuchnir Dermatology
& Dermatologic Surgery

Contact Dermatitis Clinic

Peter C. Schalock, MD
125 Newbury St #400
Framingham, MA 01702

+1 (508) 872-2220 (Office)
+1 (508) 872-2230 (Patch Test Scheduling)

Contact Dermatitis Evaluation Form

We ask you to complete this form prior to your patch test appointment. Your doctor will review this history with you in clinic and then focus on figuring out potential causes of your rash. Thank you for taking time to fill out this history in advance.

Your Name			
Referring Physician			
Date of Birth		**When did the problem start?**	
Describe how the problem progressed:			
Are you still having problems with your skin?	☐ Yes ☐ No		
What symptoms are/were associated with the problem?	☐ Burning ☐ Itching ☐ Swelling ☐ Pain ☐ Blisters ☐ Other:________________		
What did you use to treat the problem? List all treatments.			
What are you currently using to treat the problem?			
What do you think is the cause of your skin problem?			

OCCUPATIONAL HISTORY	
Are you currently employed? Briefly describe type of work.	☐ No ☐ Yes, ________________
Do you think your work contributes to your skin problem? Briefly describe. **If relevant, please bring MSDS information to the appointment**	☐ No ☐ Yes, ________________

PAST HISTORY			
Previous skin diseases? If "yes", please describe.	☐ No ☐ Yes, ________________		
Please list your other health issues:			
Current medications? (please list)			
Medication allergies? (please list)			
ALLERGY HISTORY			
Do you have a history of any of the following?	☐ Atopic Dermatitis/Eczema ☐ Asthma	☐ Hay Fever/Seasonal Allergies ☐ None	
Do you have itchy/rashy reactions when metal touches your skin?	☐ Yes ☐ No	**Do you have itchy/rashy reactions from wearing jewelry?**	☐ Yes ☐ No
Do any of these conditions occur in your family?	☐ Atopic Dermatitis/Eczema ☐ Asthma ☐ Other:________________	☐ Hay Fever/Seasonal Allergies ☐ Psoriasis	
PRODUCTS YOU USE			
Please list all brand names that touch your skin in any given month			
Handwashing – frequency and type of soap			
Bathing – frequency and type of soap			
Body lotion			
Hand lotion			
Facial make-up (if relevant)			
Deodorant			
Perfume/Cologne			
Shaving Cream			
Hair dye/bleach etc			
Laundry detergent			
Toothpaste			
Other products you use on a regular basis			
If there is anything else that needs to be described, please use the back of the form			