

## **MGH Contact Dermatitis Initial History- PEDIATRIC**

This is a long form asking many details. It may take some time to fill out. We request that you fill out this form prior to your visit with your child's input (if applicable), so that the physician can use the time in clinic to review his or her history and focus on assessing potential causes of your child's skin problem. Thank you for taking your time in filling out this history form in advance.

Please fill out the enclosed patient history form and return it to Medical Dermatology, 50 Staniford Street Boston, MA 02114 by mail or Patient Gateway prior to your visit **AND** bring the form with you on the day of your child's appointment.

**\*\*Please bring the bottle/container of all of the products you listed above except laundry detergent\*\***

<b>Your Child's Name</b>
<b>Appointment Date</b>
<b>Date of Birth</b>
<b>Referring Physician Name</b>
<b>Referring Physician Address</b>

## *History of Skin Problem*

**When did the rash start?**

**What body part did the rash start on?**

**What are symptoms associated with the rash? (Itch, burning, pain, etc.)**

**Has your child had this rash before?**

**What do you think is the cause of your child's skin problem?**

**What are your child's favorite hobbies?**

**Does your child play any sports? If so, does he or she wear or use sports equipment in the area of the present rash?**

**Does your child have frequent exposure to shiny metals including in toys, games, electronic devices, and jewelry?**

**What have been used to treat the current rash? Please include topical steroids, other medications (tacrolimus, pimecrolimus, Eucrisa) and topical antibiotics (over the counter or prescription)**

**What is the response of the current rash to oral steroids?**

**Better   Same   Worse   Not Taken**

**Have you tried treating the rash with naturopathic, homeopathic, or ayurvedic products? If so, please list.**

**Who currently lives at home with the child?**

**Does anyone at home have or had a similar rash?**

**Has your child had patch testing before? (If so, please list year and results)**

*Past History*

<p><b>Previous Skin Diseases?    Y    N</b> <b>If yes, which types?</b></p>								
<p><b>Previous Medical History:</b></p>								
<p><b>Current Non-Skin Medications:</b></p>								
<p><b>Allergy History (circle and describe)</b></p> <table><tr><td><b>Seasonal Allergies</b></td><td><b>Asthma</b></td><td><b>Eczema</b></td><td><b>Cosmetics</b></td></tr><tr><td><b>Sunscreens</b></td><td><b>Jewelry</b></td><td><b>Drugs</b></td><td><b>Other</b></td></tr></table> <p><b>Please describe any allergies circled above:</b></p>	<b>Seasonal Allergies</b>	<b>Asthma</b>	<b>Eczema</b>	<b>Cosmetics</b>	<b>Sunscreens</b>	<b>Jewelry</b>	<b>Drugs</b>	<b>Other</b>
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<b>Sunscreens</b>	<b>Jewelry</b>	<b>Drugs</b>	<b>Other</b>					
<p><b>Family history of asthma, seasonal allergies, or eczema? Yes (please circle to the left) No</b></p>								
<p><b>Does your child's rash flare with some seasons?    Yes    No</b></p> <p><b>If so, during which season does your child flare the most?</b></p>								
<p><b>Does your child use diapers? If so, what diapering products is your child currently using? Please include creams, wipes, brand of diapers, etc.</b></p>								
<p><b>Is your child toilet trained?    Yes    No</b></p> <p><b>If so, do you know the material the toilet seat is made of?</b></p>								
<p><b>How often does your child wash his or her hands in a day? Please circle</b> <b>0-4 times</b> <b>5-10 times</b> <b>More than 10 times a day</b></p>								
<p><b>What brand of hand soap does your child use?</b></p>								

<b>How often does your child bath and what type of soap does he or she use?</b>	
<b>What types of hair products (shampoos, conditioners, mousse, hair spray, gels, etc.)?</b>	
<b>What types of body and/or hand moisturizers?</b>	
<b>Which types of facial make-up? (if any)</b>	
Moisturizer	
Base	
Blush	
Eye products	
Eyelash curler	Y N
Sunscreen	
Other	
<b>What types of lip products (balms, chap-stick, moisturizers, lipstick, lip-gloss)?</b>	
<b>What types of deodorant?</b>	
<b>What types of cologne/perfume?</b>	
<b>What types of hair dye, bleach, highlights, etc.?</b>	
<b>What types of laundry detergents, fabric softeners, dryer sheets?</b>	
<b>What types of toothpaste?</b>	
<b>Do your child use products related to nail care (acrylic nails, gel nails, nail polish, or shellac)? If so, please list.</b>	
<b>Does your child have a history of dental work (fillers, braces, retainers)?</b>	
<b>Other products your child uses on a regular basis on the skin:</b>	