



# MGH Contact Dermatitis and Occupational Dermatology Clinic Initial History

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, so that the physician can use your time in clinic to review your history and focus on assessing potential causes of your 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 prior to your visit **AND** bring the form with you on the day of your appointment.

<b>Your Name</b>
<b>Appointment Date</b>
<b>Date of Birth</b>
<b>Gender</b>
<b>Ethnicity (Please circle)</b> Asian   Black/African-American   Hispanic   Native American   White   Other
<b>Referring Physician Name</b>
<b>Referring Physician Address</b>



*History of Your 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)**

**Have you had this rash before?**

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

**Materials you contact outside of work (clothing, cosmetics, plants, chemicals, etc.)**

**Materials you contact at work (bring MSDS sheets if relevant)**



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<b>What medications do you apply to your skin currently?</b>
<b>What have been used to treat your current skin problem?</b>
<b>Do you wear protective gloves (latex, nitrile, etc)?</b> Y    N If so, which type?

*Past History*

<b>Previous Skin Diseases?</b> Y    N If yes, which types?								
<b>Were previous skin diseases related to your work?</b> Y    N								
<b>Previous Medical History</b>								
<b>Current Non-Skin Medications</b>								
<b>Allergy History (circle and describe)</b>								
<table> <tr> <td>Hay fever</td> <td>Asthma</td> <td>Eczema</td> <td>Cosmetics</td> </tr> <tr> <td>Sunscreens</td> <td>Jewelry</td> <td>Drugs</td> <td>Other</td> </tr> </table>	Hay fever	Asthma	Eczema	Cosmetics	Sunscreens	Jewelry	Drugs	Other
Hay fever	Asthma	Eczema	Cosmetics					
Sunscreens	Jewelry	Drugs	Other					
<b>Please describe any allergies circled above:</b>								
<b>Family history of Asthma, hay fever or eczema?</b> Y    N								
<b>Hobbies</b>								



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<b>Sports</b>		
<b>Pets at home?</b>	<b>Y</b>	<b>N</b>

*Personal Habits and Personal Care Products:  
(Please list all brand names that touch your skin in any given month)*

<b>Handwashing – frequency and type of soap:</b>		
<b>Bathing – frequency and type of soap:</b>		
<b>Body lotion:</b>		
<b>Hand lotion:</b>		
<b>Facial make-up (if relevant):</b>		
Base		
Blush		
Eye products		
Lipstick		
Eyelash curler	<b>Y</b>	<b>N</b>
<b>Deodorant:</b>		
<b>Cologne/perfume:</b>		
<b>Shaving cream:</b>		
<b>Hair dye, bleach, etc.:</b>		
<b>Laundry detergents, fabric softeners, dryer sheets:</b>		
<b>Toothpaste:</b>		



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Contact lenses?	Y	N	
Contact solutions:			
Other products you use on a regular basis on your skin:			

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

**Work History**

Are you currently working?	Yes	No	
If so, what is your current job/position?			
Do you think the present dermatitis is related to your work?			
No (if no, skip the rest of this section)	Yes	Unknown	
List present and previous occupations and dates of employment:			
Current Employer if not listed above:			
Supervisor (name):		Phone:	
Employer at onset of rash same as current employer? Y N			
Job title at onset of rash:		Dates of loss of work:	
Description of work when rash began:			
Materials contacted at work (any new?):			
Effect of weekends on rash?	Improved	Same	Worse
Effect of vacations on rash?	Improved	Same	Worse



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<b>Are any other workers affected?</b>	<b>Y (How many?)</b>	<b>N</b>	<b>N/A</b>
<b>Previous compensation claims?</b>	<b>Y</b>	<b>N</b>	
<b>Second Job?</b> <b>If yes, please explain:</b>	<b>Y</b>	<b>N</b>	