

MGH Contact Dermatitis Initial History- ADULT

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.

Your Name
Appointment Date
Date of Birth
Referring Physician Name
Referring Physician Address

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)

What medications do you apply to your skin currently?

What have been used to treat your current skin problem?

Do you wear protective gloves (latex, nitrile, etc.)? Y N
If so, which type?

Past History

Previous Skin Diseases? Y N
If yes, which types?

Were previous skin diseases related to your work? Y N

Previous Medical History

Current Non-Skin Medications

Allergy History (circle and describe)

Hay fever Asthma Eczema Cosmetics
Sunscreens Jewelry Drugs Other

Please describe any allergies circled above:

Family history of Asthma, hay fever or eczema? Y N

Hobbies

Sports

Pets at home? Y N

Personal Habits and Personal Care Products:

Handwashing – frequency and type of soap:
Bathing – frequency and type of soap:
Shampoo and Conditioner (Brand included):
Body lotion (Brand included):
Hand lotion (Brand included):
Facial make-up (if relevant): Base Blush Eye products Lipstick Eyelash curler Y N
Deodorant (Brand included):
Cologne/perfume (Yes/No):
Shaving cream (Brand included):
Hair dye, bleach, etc. (Brand included):
Laundry detergents, fabric softeners, dryer sheets (Brand included):
Toothpaste (Brand included):
Contact lenses? Y N Contact solutions (Brand included):
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
Effect of vacations on rash?	Improved	Same
		Worse
Are any other workers affected?	Y (How many?)	N
N/A		
Previous compensation claims?	Y	N
Second Job?	Y	N
If yes, please explain:		