

NEW PATIENTS ONLY

Name: _____

These questions pertain to your current skin problem:

1. What type of problem are you having? (rash, growths, warts, acne, etc.)

2. How long have you had this skin problem? _____

3. Please **draw** on this chart where your present skin problem or rash is by marking x's on the figure.

4. Has a doctor given you anything for your skin problem? If yes, please give names of **everything** used:

5. Have you applied anything else on the skin problem yourself? If yes, please give names of **everything** used: _____

