# NEW PATIENT CONTACT DERMATITIS QUESTIONNAIRE

**PLEASE COMPLETE AND BRING THIS TO YOUR FIRST VISIT WITH DR. CHAM**

Patient Name: ____________________________________________

1. Approximate onset of rash:

2. Site of rash at onset:

3. Describe your symptoms:

4. Do you notice any periods (i.e. during work, vacation, etc.) of spontaneous clearing or exacerbation?

5. List current topical medications you are using:

6. List any prior topical medication you had used for the rash:

7. What is your occupation?

8. Do you think this rash is related to your job?  Yes  /  No  /  Not sure
   
   If yes, please elaborate on any use of protective gear:

9. Have you had prior skin diseases?  Yes  /  No
   
   If yes, describe:

10. Any personal history of asthma, hay fever, eczema?  Yes  /  No
11. Any family history of asthma, hay fever, eczema? Yes / No
   If yes, please list:

12. Any history of sensitivity to cosmetics, sunscreens, jewelry, poison oak/ivy? Yes / No
   If yes, elaborate:

13. Prior history of allergy testing?

14. Please list the products you use for face (i.e. lotions, cleansers, make-up, etc.):

15. Please list the products you use for body/hands (i.e. lotions, cleansers, make-up, etc.):

16. If applicable, please list the products you use for nails, hair (i.e. dye, bleach, perm, etc.):

17. If applicable, please list the products you use for shaving: