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Contact Dermatitis Evaluation Form

Where have you had skin rashes?

How long have you had this present rash?

Do you have diagnosed allergies to medications or other items?

What medications are you presently taking?

Do you or anyone in your family have a history of psoriasis, eczema, asthma, or hay fever?

What is your current therapy for your skin problem?

What other therapies (re: medications) have you tried?

Have any of these therapies made your skin condition worse or better? Please explain.

Job occupation and work environment: (what do you work with or around?)

Please list the names of your household and personal hygiene products:

Body/Facial Soaps: _____	Hair Spray/Mousse: _____
Shampoo: _____	Conditioner: _____
Hair Dye/Wave Solution: _____	Deodorant: _____
Nail Polish: _____	Toothpaste: _____
Household Cleaners: _____	Air Fresheners (candles): _____
Laundry Detergent: _____	Insecticides: _____
Moisturizers: _____	Perfume/Cologne: _____
Other: _____	

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Other Cosmetic Products: (mascara, eye shadow, foundations, etc.)

Circle Hobbies: Gardening Leather Woodworking Auto
 Painting Pottery Photography

Other Hobbies:

Do weekends or vacations affect the problem? Yes/No

Improves or Worsens? Yes/No

Circle any of the following which WORSEN the problem:

Work Chemicals	Jewelry	Cosmetics	Perfume	Clothing
Rubber Gloves	Topicals	Sunlight	Sunscreen	Shoes
Plastics Adhesive	Soap	Detergents	Nail Polish	Oils/Grease
Household Cleaners				

Other: _____
