



## CONTACT DERMATITIS QUESTIONNAIRE

Please complete and bring this to your patch test appointment.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

1) Where is your rash located? \_\_\_\_\_

2) How long have you had the rash? \_\_\_\_\_

3) What best describes your rash?  Itchy  Painful  Red  Swollen  Asymptomatic

4) Do you have history of the following?  Asthma  Hay fever  Eczema

5) Do you have any of the following medical devices?  Dental implants  Dental crowns/bridges  
 Dental fillings  Braces  Stents  Other \_\_\_\_\_

6) Do you have history of sensitivity to the following?  
 Cosmetics  Sunscreens  Jewelry  Poison ivy  Adhesives

7) Have you been patch tested before?  Yes  No

8) Do you notice any periods of spontaneous clearing or worsening (i.e. during work, on weekends, on vacation, etc.)? If yes, please describe below.  Yes  No

9) Do you think the rash is related to your job? If yes, please describe below.  Yes  No

10) List current topical and oral medications. \_\_\_\_\_

11) List any known or suspected allergies. \_\_\_\_\_

12) What are your hobbies? \_\_\_\_\_

13) Which of the following do you use?  
 Artificial nails  Chemicals at work  Contact lenses  Fabric softeners  
 Fragrances  Hair dye/spray  Nail polish  Neosporin

14) Which of the following activities do you participate in?  
 Ceramics  Gardening/Florist  Hiking  Home repairs  Musical instruments  
 Paper crafts  Photography  Plumbing

15) On the back, please list all products that you use on your body (i.e. lotions, soap, makeup, toothpaste, shampoo, etc). Please include the brand name.