

Follow Up Visit

Name: _____ Date: _____

Chief Complaint:

What is your skin diagnosis? Why are you here today?

HPI:

Location and Duration of current Skin Problem:

Current topical and oral Skin Medications (including moisturizers, sunscreens, and other over the counter products):

Symptoms from medications:

How is your skin today as compared to your last visit here?

Problem not present today

Much better

Better

Same

Worse

Much Worse

New problem Please specify: _____

PMHx/SHx:

Since your last visit, have you?

If yes, please specify

Had any illnesses? yes no

Seen any health care providers? yes no

Had lab, x-ray, or other procedures? yes no

Had new allergies to medications? yes no

Started, changed, stopped medications? yes no

Please review your medication list in our record with the nurse for changes and/or accuracy.

Have you had any changes in your social history (e.g. job change, death in the family, other life stressors?) yes no

