

PATIENT HISTORY FORM FOR PATCH TESTING [KATTA DERMATOLOGY]

Name: _____

Referred by Doctor: _____

The information you provide below will help us determine what to test for. Note: you may become allergic to a substance or product at any time, even after years of use.

1. When did your rash begin? _____

2. On what area of your body did the rash begin? _____

3. What areas are involved now? _____

4. Is there anything that you think might have triggered your rash? _____

5. Occupation: _____

6. What materials do you contact at work? _____

7. Please list any medicated creams/ointments that you are currently using: _____

8. Please list medicated creams/ointments that you have used in the past: _____

9. Hobbies (please list): _____

10. Do you have seasonal allergies (such as to pollens/molds/trees/pets): _____

11. Do you:

Garden YES NO

Use makeup YES NO

Use eye drops YES NO

Use hair dye YES NO

Use artificial nails (acrylate/gel/shellac) YES NO

PATIENT INTAKE FORM [KATTA DERMATOLOGY]

Today's Date: _____

First Name	Middle Name	Last Name
Date of Birth	Street Address/Apt #	
City	State	Zip
Home Phone	Cell Phone	Email

Medications:

Allergies:

Past Medical History:
