

**Princeton Allergy & Asthma Associates, P.A.**  
**Screening for Rashes (Dermatitis)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Please describe the appearance of your rash.			
Rash affects the following areas fo the body:			
How long have you had the rash?			
Does the rash last over 24 hours? If yes, how long?		If no, describe the pattern of appearance.	
Does the rash move around or stay at the same locations?			
Is the rash associated with:	Itching?	Swelling?	Bruising?
	Medication?	Food?	Exercise?
			Temperature?
			Contact with allergens?
Is there a family history of rashes? If yes, please describe.			
Does the patient have any other symptoms associated with the rash, such as shortness of breath, hoarseness, tongue/throat swelling? If yes, please describe:			
Have you been treated in the past for this problem? If yes, please describe treatments and when used:			

**Please list below what brands you use for the following products:**

(If unknown, indicate "unknown", "varies" or "whatever is on sale.")

Facial Soap:	
Facial Moisturizer:	
Body Soap:	
Body Moisturizer:	
Shampoo/Conditioner:	
Hand Soap/Dish Soap:	
Cosmetics:	
Laundry Detergent:	
Fabric Softener/Dryer Sheets:	
Do you dye your hair? If so, do you go to salon or do it at home?	If home, brand:
Do you have any metallic implants or devices?	
Are you taking any vitamins or supplements?	
Has you taken or been given any oral, topical or intramuscular steroids?	If yes, when?
Please write down any additional information that may be helpful:	