

**DERMATOLOGY TRIAGE FORM**



Patient Name:

Age:

Date:

Best Phone to Reach You:

**Have You Been Seen in our Derm Department in the Last 3 Years?**

- Yes  No  I'm not sure

**If Yes, Are any of the following who you would identify as your dermatology provider?**

- Green  Landwehr  McIntee  Patten  Sparks-Luther  Stratman  Other:

**Did a Health Care Provider Tell You to See Derm Today?**

- Yes  No If YES, Which Provider Sent You?

**What is the reason you are Presenting Today?**

- Worry about a skin lesion  New Rash  Old Rash Getting Worse  Other Reason:

**The aim of this questionnaire is to measure how much your skin problem has affected your life OVER THE LAST WEEK.**

**Please click  one box for each question.**

- |    |   |                                       |                                      |  |  |  |
|----|---|---------------------------------------|--------------------------------------|--|--|--|
| 1. | Over the last week, how <b>itchy, sore, painful</b> or <b>stinging</b> has your skin been?  | Very much<br><input type="checkbox"/> | A lot<br><input type="checkbox"/>    | A little<br><input type="checkbox"/>     | Not at all<br><input type="checkbox"/> |  |
| 2. | Over the last week, how <b>embarrassed</b> or <b>self-conscious</b> have you been because of your skin?   | Very much<br><input type="checkbox"/> | A lot<br><input type="checkbox"/>    | A little<br><input type="checkbox"/>     | Not at all<br><input type="checkbox"/> |  |
| 3. | Over the last week, how much has your skin interfered with you going <b>shopping</b> or looking after your <b>home</b> or <b>garden</b> ?                                       | Very much<br><input type="checkbox"/> | A lot<br><input type="checkbox"/>    | A little<br><input type="checkbox"/>     | Not at all<br><input type="checkbox"/> | Not relevant<br><input type="checkbox"/> |
| 4. | Over the last week, how much has your skin influenced the <b>clothes</b> you wear?  | Very much<br><input type="checkbox"/> | A lot<br><input type="checkbox"/>    | A little<br><input type="checkbox"/>     | Not at all<br><input type="checkbox"/> | Not relevant<br><input type="checkbox"/> |
| 5. | Over the last week, how much has your skin affected any <b>social</b> or <b>leisure</b> activities, including sports?   | Very much<br><input type="checkbox"/> | A lot<br><input type="checkbox"/>    | A little<br><input type="checkbox"/>     | Not at all<br><input type="checkbox"/> | Not relevant<br><input type="checkbox"/> |
| 6. | Over the last week, has your skin prevented you from <b>working</b> or <b>studying</b> ?  | Yes<br><input type="checkbox"/>       | No<br><input type="checkbox"/>       | Not relevant<br><input type="checkbox"/> |  |  |
|    | If "No", over the last week how much has your skin been a problem at <b>work</b> or <b>studying</b> ?   | A lot<br><input type="checkbox"/>     | A little<br><input type="checkbox"/> | Not at all<br><input type="checkbox"/>   |  |  |
| 7. | Over the last week, how much has your skin created problems with your <b>partner, including sexual difficulties</b> , or any of your <b>close friends</b> or <b>relatives</b> ? | Very much<br><input type="checkbox"/> | A lot<br><input type="checkbox"/>    | A little<br><input type="checkbox"/>     | Not at all<br><input type="checkbox"/> | Not relevant<br><input type="checkbox"/> |
| 8. | Over the last week, how much of a problem has the <b>treatment</b> for your skin been, for example by making your home messy, or by taking up time?                             | Very much<br><input type="checkbox"/> | A lot<br><input type="checkbox"/>    | A little<br><input type="checkbox"/>     | Not at all<br><input type="checkbox"/> | Not relevant<br><input type="checkbox"/> |

Please check you have answered EVERY question. Thank you.

IF YOU WISH, IN THE BOX BELOW YOU MAY TELL US BRIEFLY IN YOUR WORDS WHAT IS CAUSING YOU TO SEEK CARE FOR YOUR SKIN SOONER THAN OUR NEXT AVAILABLE APPOINTMENT: