Rash

Demographics (as above)

Clinical History

-Reason for consultation: diagnosis, confirmation of diagnosis, recommendations for management, assumption of care, medical evaluation, hospitalization evaluation, disposition/duty status question, treatment recommendations, other _____
-Duration: months, years, unknown, other _____
-Distribution of rash (i.e. where is it on the body)
-Skin Symptoms: pruritus, pain, none, other _____
-Other skin symptoms _____
-Systemic Symptoms _____
-Medications prior to onset of this skin rash? Specify _____
-Possible contact exposure? Specify _____
-Others affected by this rash? Specify _____
-Past history of significant skin disease? Specify _____
-Medications used to treat this rash? Specify _____
-Occupation _____
-Hobbies _____
-Known allergies? Specify _____
-Relevant laboratory data
-Miscellaneous comments
-Provisional diagnosis

Suggested Images:

A: Take front, back and side views if the rash is all over the body
B: Use these views to illustrate the worst or most characteristic areas of the rash (e.g. elbows, knees, scalp in Psoriasis)
C: Detailed close ups of characteristic areas of the rash (i.e. to illustrate redness, pigment loss, crust, scale, surface detail)

Sample Images:

A.   Distant views. (Anteroposterior and Posteroanterior needed for this rash which involved the upper chest, upper back and neck. Only Posteroanterior illustrated.

B.   Medium Views (to show the most representative areas)

C.   Close Up-   This is a good representation of this reticulated, slightly scaly rash of Tinea Versicolor (oblique external lighting was employed to accentuate texture, topography and color)