

TELEDERMATOLOGY HISTORY FORM

Imprint Patient ID Number

Patient name:

Unit Number:

Date of Visit

Chief Dermatologic Complaint

History of Present illness (include duration of present episode, duration of illness, exacerbating factors, previous medications)

Past History(include history of skin cancer, history of melanoma, other pertinent past history)

Family History (melanoma? Skin cancer?)

Medical history

Current meds

Skin physical exam (specifically, palpation of any papules or nodules, and blanching of any red lesions)

Relevant laboratory studies (including any previous biopsies)