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)