



Dermatology Triage Questionnaire

Patient name _____

Age _____ Date _____ Phone _____

Have you been seen in our Dermatology Department in the last 3 years: Yes No Unsure

If yes, who is your dermatology provider _____

Did a health care provider tell you to see a dermatologist today: Yes No

If yes, which provider sent you _____

What is the reason you are here today: Worry about skin lesion New rash Old rash getting worse

Other _____

Place a check (✓) in the appropriate box for each question below. Answer EVERY question.

- Over the last week, how itchy, sore, painful or stinging has your skin been Very much A lot A little Not at all
- Over the last week, how embarrassed or self-conscious have you been because of your skin..... Very much A lot A little Not at all
- Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden Very much A lot A little Not at all Not relevant
- Over the last week, how much has your skin influenced the clothes you wear Very much A lot A little Not at all Not relevant
- Over the last week, how much has your skin affected any social or leisure activities, including sports..... Very much A lot A little Not at all Not relevant
- Over the last week, has your skin prevented you from working or studying..... Yes No Not relevant
If no, over the last week how much has your skin been a problem at work or studying..... Yes No Not at all
- Over the last week, how much has your skin created problems with your partner, including sexual difficulties, or any of your close friends or relatives Very much A lot A little Not at all Not relevant
- Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy or by taking up time... Very much A lot A little Not at all Not relevant

Briefly tell us what is causing you to seek care for your skin: _____
