## Questionnaire(for revisit)

※Please turn in this form to the doctor.

Name (Print)	Chart No.:
●Previous skin problems of the recent visit	•New skin problems / skin problems from a while ag
Are they getting better? (Circle one)	When did they start?
Better	
No change	Which body part?
Worse	
Some better, some worse	What are the symptoms? (Itchiness, pain, eczema, etc
●Do you have any questions?	
● Regarding the prescribed medicine at the last  • How much are they left? (Topical / oral)	st visit:
How much more do they need to be prescribed.	d today? (Topical / oral)
●Would like to purchase any? Circle and sp	ecify the number you need.
Shampoo Rinse Foam soap	Sun screen Other(
•Are you interested in any of the following so	urgery or practice cosmetic medicine? Please circle.
Surgery → Lump / boil on the skin	Mole
Cosmetic medicine → Skin spot Male	e pattern hair loss (Androgenic alopecia) Piercing
Titaniumu wire procedure for ingrown nail	

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