## Name (Print)

Chart No.:

• Previous skin problems of the recent visit

Are they getting better? (Circle one)

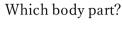
When did they start?

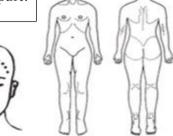
Better

No change

Worse

Some better, some worse





•New skin problems / skin problems from a while ago

What are the symptoms? (Itchiness, pain, eczema, etc.)

Do you have any questions?

•Regarding the prescribed medicine at the last visit:

· How much are they left? (Topical / oral)

• How much more do they need to be prescribed today? (Topical / oral)

●Would like to purchase any? Circle and specify the number you need.

Shampoo Rinse Foam soap

Sun screen

Other(

Are you interested in any of the following surgery or practice cosmetic medicine? Please circle.

Surgery

Lump / boil on the skin

Mole

Cosmetic medicine → Skin spot

Male pattern hair loss (Androgenic alopecia)

Piercing

Titaniumu wire procedure for ingrown nail

Takadanobaba Dermatology & Plastic Surgery