## Questionnaire(for revisit)

XPlease turn in this form to the doctor.

## We take up to 2 complaints per visit.

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

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Takadanobaba Dermatology & Plastic Surgery

Other(