Appendix 16

# DERMATOLOGY DEPARTMENT
## OUT PATIENTS CLINIC

وزارة الصحة
MINISTRY OF HEALTH

Date : / /

| | |
|---|---|
| Pt. Name الاســـم: | |
| File No. | Civil I.D. |
| D.O.B.: العمر/تاريخ الميلاد: | Sex.: M / F الجنس: |
| Nationality: | Occupation: |
| Address : | |
| Phone / home : | Phone / work : |

Complaint : .....

Duration : .....

Onset : ○ Acute ○ Insidious

Course : ○ Progressive ○ Regressive ○ Stationary

Past History :

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.....

Family History : ○Positive ○Negative

( if positive, specify )

.....

Drug History : ○Positive ○Negative

( if positive, specify )

.....

General Examination : .....

.....

Sites of skin Disease: ○Head & neck ○Upper extrem ○ Lower extrem ○Trunk ○Hair ○ Nails ○M. Membranes ○Genitalia

( Others ) .....

Clinical description of lesions :

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Diagnosis( if definit ) :

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HISTORY & EXAMINATION

DERM 1