

Appendix 18
DERMATOLOGY DEPARTMENT
PHOTOBIOLOGY UNIT
(PUVA / UVA / UVB)



وزارة الصحة

MINISTRY OF HEALTH

Date : / /

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

Diagnosis : Psoriasis Vitiligo
 Others (specify) :

Complaint :

Duration :

Onset : Acute Insidious

Course : Progressive Regressive Stationery

Past History :

Family History : Positive Negative
(if positive, specify)

Drug History : Positive Negative
(if positive, specify)

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

(Others)

Clinical description of lesions :

Skin type : Last Phototest Date : / / Dose :

Psoralen Type : Last Psoralen Dose :

Treatment : Start : / / Dose : Initial Pasi Score :

End : / / Dose : Last Pasi Score :

Total No. of Sittings : Cummulative Dose :

Result / Adverse Effects :

HISTORY & EXAMINATION

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