



### SICK KIDS CLINIC

Serial number:  File Number:  Date:

Name:  Age:  Sex:

Marital Status:  Nationality:  I.D. Number:

Address:   
Tele:

Complaints:

Duration of Disease:  Age of Onset:

Site of Onset:  Face  Scalp  Extremities  Trunk  Palms  Soles  M.M.

Progression: Acute/Insidious

Course:  Progressive  Regressive  Stationary  Recurrent  Chronic

Precipitating/Aggravating Factors:  Season  Infection  Stress  Occupation  Others

Precipitating/Aggravating Factors:

Season	Smoke	Foods	Sun	Dust	Infection	Stress

If yes, specify:

Symptoms	Itching	Burning	Parasthesias	Pain	Anaesthesia	Others

**Constitutional/Systemic Symptoms:**

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**Family history:**  
**Similar disease**

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**Related diseases**

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**Consanguinity  
in parents  
(specify)**

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**Family tree  
(if indicated)**

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**Birth History**

Full-term	Pre-term	Post-term	Small for date	C.S.	Normal delivery	Others

Birth weight	H.C.	Length	A.S.	Others

**Antenatal history (if important):**

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**Past History:**

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**Developmental history:**

**Physical:**

Smiling	Rolling	Sitting	Standing	Teething	Speaking	Others

**Mental:**

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**Cutaneous Examination:**

**A. Morphology of lesions:**

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**B. Sites:**

Head & neck	upper extrem	lower extrem	Trunk	Palms	Soles	Hair	Nails	M.M	Genetalia

**C. Extent:**

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**D. Distribution:**

Localized	Generalized	Focal	Diffuse	Symmetrical	Asymmetrical	Unilat.	Bilat.	Others

**General/Physical Examination:**

Weight		Pulse		Pallor	
Height		B.P.		Jaundice	
H. C.		Temp.		Lymh nodes	

**Systemic Examaination (if indicated):**

Chest	
Abdomen	
C NS	
Musculoskeletal	
Eyes	
E.N.T.	

**Developmental Assessment:**

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**Genetic evaluation:**

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**Others:**

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**Clinical Diagnosis:**

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**Investigations:**

**I. Baseline:**

**CBC**

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**E.S.R.**

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**Serumchem.**

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**Liver Profile**

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**Renal Profile**

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**Urine M/E**

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**Stools M/E**

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**X-Ray Chest**

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**Throat swab C/S**

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**ASO titer**

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**Others**

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**II. Specific Dermatologic:**

**KOH smear/Culture:**

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**Leishmania smear/Culture:**

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**Tzanck smear:**

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**Gram stain:**

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**Skin Biopsy:**

Done	Not Done	Histopathology No.
<b>Findings</b>		

**DIF:**

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**E.M.:**

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**Immunohistochemistry:**

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**IIF:**

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**Medical Photography:**

Done	Not Done	Photography No.

**III. Collagen Profile:**

<b>ANA</b>		<b>Complement</b>	
<b>RH factor</b>		<b>Anti Scl Abs</b>	
<b>Anti Ro / Anti La</b>		<b>Anti RNP Abs</b>	
<b>Ds DNase</b>		<b>Others</b>	
<b>Antiphospholipid Abs</b>			

**IV. Thyroid Functions:**

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**Immunoglobulins:**

<b>IgM</b>	<b>IgG</b>	<b>IgA</b>	<b>IgE</b>

**V. Peripheral Blood C.D. Markers:**

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**VI. Organ specific Auto-antibodies (specify)**

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**VII. Urine Chromatography**

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**VIII. Blood Chromatography**

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**IX. Others:**

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