بسم الله الرحمن الرحيم

STATE OF KUWAIT
MINISTRY OF HEALTH

AS'AD AL-HAMAD
DERMATOLOGY CENTER
AL-SABAH HOSPITAL

دولة الكويت
وزارة الصحة
مركز أسعد الحمد للأمراض الجلدية
مستشفى الصباح

CLINICAL MEETING SHEET

History and Examination: **Date:** ...../ ..... / .....

Name: (English) .....
(Arabic) .....
File No.: ..... **Civil ID:** .....
Date of Birth: ...../ ..... / ..... **Sex: M / F** **Occupation:** .....
Nationality: .....
Address: .....
Phone: Home: .....**Work:** .....
Complaint: .....

Duration: .....

Onset: □ **Acute** □ **Insidious**

Course: □ **Progressive** □ **Regressive** □ **Stationary**

Past History: .....

.....

Family History: : □ **Positive** □ **Negative**

(if positive specify) .....

Drug History: : □ **Positive** □ **Negative**

(if positive specify) .....

General Examination: .....

.....

Site of Skin □ **Head and Neck** □ **Upper Extrem.** □ **Lower Extrem.**

Disease: □ **Trunk** □ **Hair** □ **Nails**

□ **M. membranes** □ **Genitalia**

(Others) .....

Clinical description of lesions: .....

.....

.....

Diagnosis / D.D.: .....

.....

Remarks: .....

.....

Referring Clinic: .....**Referring Doctor:** .....