

## Teledermatology Implementation: Intake Template

Use the template below to create or configure an intake form for teledermatology visits.

### Chief Complaint

In your own words, describe the skin problem for which you are seeking care.

### History of Present Illness (HPI)

1. Type of skin problem (spot, growth/bump, wound, rash)?

2. Duration (how long has the issue been going on)?

3. Anatomic location (where was the problem first located on your body, and has it moved or spread)?

4. Associated symptoms (pain, bleeding, burning, stinging, itching, etc.)?

5. Is there anything you do that makes it better, including prior treatments?

6. Is there anything you do that makes it worse, including prior treatments?

For more information, see: [aad.org/teledermatology-guides](http://aad.org/teledermatology-guides)



**Past Medical History***Circle all that apply.*

Anemia	Blood Clots	Heart Disease	Seizures
Anxiety	COPD/Emphysema	High Blood Pressure	Seasonal Allergies
Asthma	Depression	High Cholesterol	Thyroid Disease
Arthritis	Eating disorders	Lower Leg Swelling	Other:
Autoimmune disorders	Headaches	Oral or Genital Ulcers or "Cold Sores"	Diabetes, Genetic Disorders, Cancer, Low Immune System, Organ Transplant

**Skin Disease History***Circle all that apply.*

Atopic Dermatitis / Eczema	Acne	Frequent Skin Infections	Prior Sunburns
Psoriasis	Rosacea	Skin Cancer	Other:

**Social History***Circle all that apply.*

Alcohol	Tobacco	Other Drug Use	Vaping
Outdoor tanning	Indoor tanning bed	Outdoor occupation	

**Medications***Please include prescribed medications — oral, topical, or IV — as well as over-the-counter medications, herbals, or supplements.*

Medication:
Dose:
Frequency:

**Medication Allergies**

*Please include any allergic or other reaction you have had to medication.*

Name of medication:

Reaction:

**Family History**

*Please include any relative who has had skin conditions or cancers.*

Type of relative (father, aunt, sister, etc.):

Skin condition or cancer: