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## **Skin Diseases (Other Than Scars)**

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

### **A. Review of Medical Records:**

#### **B. Medical History (Subjective Complaints):**

1. Describe onset and course of disease, whether it is intermittent or constant, and whether it is progressive.
2. Describe current treatment. Specify the medication(s) used and dosage. State whether any is a corticosteroid or other immunosuppressive drug. State whether medications used are systemic or topical. Describe whether intensive light therapy, UVB, PUVA, or electron beam therapy are used.
3. For EACH treatment, report the frequency of use and duration of treatment during the past 12-month period.
4. Describe any side effects of treatment.
5. Describe local (skin) symptoms and any systemic symptoms, such as fever or weight loss.
6. For malignant neoplasms of skin, additionally describe all treatment, including date and type of last treatment.
7. For benign neoplasms of skin, additionally describe any impairment of function.
8. For urticaria, primary cutaneous vasculitis, and erythema multiforme, additionally describe the number of episodes during the past 12-month period, whether the episodes are debilitating, how they are treated, and whether they respond to treatment.

#### **C. Physical Examination (Objective Findings):**

1. For dermatitis, eczema, leishmaniasis, lupus, dermatophytosis, bullous disorders, psoriasis, infections of the skin, cutaneous manifestations of collagen vascular diseases, and papulosquamous disorders, report extent of disease. Specify if any exposed areas (head, face, neck, and hands) are affected. Provide the percent affected of exposed areas. Provide the percent affected of the entire body.
2. If there is scarring or disfigurement, follow the "Scars" worksheet in addition to this one.
3. For acne or chloracne, describe whether the acne is superficial (with comedones, papules, pustules, superficial cysts) or deep (with deep inflamed nodules and pus-filled cysts), which areas of the body are affected, and, specifically, the PERCENT OF FACE AND NECK affected.
4. For scarring alopecia, describe the PERCENT OF THE SCALP that is affected.
5. For alopecia areata, describe whether there is loss of all body hair or whether loss of hair is limited to the scalp and face.
6. For hyperhidrosis, state whether veteran is able to handle paper or tools after therapy, or is unable to handle paper or tools because of moisture and is unresponsive to therapy.

#### **D. Diagnostic and Clinical Tests:**

1. Biopsy, scrapings if indicated.
2. Include results of all diagnostic and clinical tests conducted in the examination report.
3. With disfigurement or disfiguring scar of head, face, or neck, submit COLOR PHOTOGRAPHS.
4. Test for hypoproteinemia if examining for exfoliative dermatitis (erythroderma).

#### **E. Diagnosis:**

Signature:

Date: