Skin rash and patch testing questionnaire

For rashes that may be caused by something touching your skin.

Please type your answers into this form (or print and fill it in), save it, and email it to **referrals@vidamedical.com.au** at least **7 days before your appointment**. Skip anything that doesn't apply. If you are completing this for a child, answer for the child.

About you

Full name

Date of birth

Today's date

Phone and email

Completed by (if not the patient)

Usual GP and clinic

Your rash

When did the rash start?

Where is it?

- ☐ Hands
- ☐ Face
- ☐ Eyelids
- ☐ Lips
- ☐ Scalp
- ☐ Neck
- ☐ Ears
- ☐ Underarms
- ☐ Feet
- ☐ Legs
- ☐ Body
- ☐ Genital area

What is it like?

- ☐ Itchy
- ☐ Red and scaly
- ☐ Blisters
- ☐ Cracked
- ☐ Burning
- ☐ Weeping

Does it improve on weekends or holidays? ☐ Yes ☐ No ☐ Unsure

Did you have eczema as a child? ☐ Yes ☐ No ☐ Unsure

Work and hobbies

Your job, and what you touch at work

Do you use any of these?

- ☐ Gloves (latex or other)
- ☐ Cleaning products
- ☐ Hair dye
- ☐ Hairdressing products
- ☐ Glues or resins
- ☐ Cement
- ☐ Metals or tools
- ☐ Plants or gardening
- ☐ Paints

Hobbies (e.g. gardening, woodwork, gym, swimming)

Products you use

Product type	Brand and name
Soap or body wash	
Shampoo and conditioner	
Moisturiser	
Sunscreen	
Make-up	
Fragrance or deodorant	
Hair dye or tattoo (incl. black henna)	
Nail products (e.g. gel nails)	
Jewellery or watch	
Medicated creams	

Please bring the products you use on the affected skin in their original containers, or take a clear photo of each product label.

Before patch testing

Have you had sunburn or tanning on your back in the past 4 weeks? ☐ Yes ☐ No ☐ Unsure

Are you taking oral steroids (e.g. prednisolone) or immune-suppressing medicines? ☐ Yes ☐ No ☐ Unsure

Are you pregnant or breastfeeding? ☐ Yes ☐ No ☐ Unsure

Medicines

All medicines you take, including sprays, creams, vitamins and supplements

Do you take any of these?

☐ Antihistamines (e.g. Telfast, Zyrtec, Claratyne)
☐ Blood pressure or heart medicines
☐ Regular ibuprofen or aspirin
☐ Adrenaline autoinjector (EpiPen / Anapen)

Autoinjector expiry date (if you have one)

Your goals

What would you most like to get out of this appointment?

Previous allergy tests (type, date, result). Please bring copies if available.

Before you arrive

Medicines: antihistamines and some other medicines can affect allergy testing. We'll email you instructions on which to pause and when. **Keep taking your asthma medicines.**

Bring: previous test results, photos of any reactions, and your adrenaline autoinjector if you have one.

Your information is confidential and stored in your medical record in line with our privacy policy.