

Office Use Only

VFC: [ ] MDD/DKC  
[ ] Native  
[ ] NO Insurance  
[ ] Not Eligible  
INSURANCE Notes

# Rash / Skin Irritation



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WT: \_\_\_\_\_ lb  
\_\_\_\_\_ kg  
Temp: \_\_\_\_\_  
Pain Scale: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's birthday: \_\_\_\_\_

Describe the rash: \_\_\_\_\_

### Symptoms:

Fever	yes/no. If yes, how long?	_____
Swollen glands	yes/no. If yes, how long?	_____
Itching / Scratching	yes/no. If yes, how long?	_____
Cough / Runny Nose	yes/no. If yes, how long?	_____
Vomiting	yes/no. If yes, how long?	_____
Diarrhea	yes/no. If yes, how long?	_____
Abdominal pain	yes/no. If yes, how long?	_____
Joint pain or swelling	yes/no. If yes, how long?	_____

### Questions:

When was the rash first detected? \_\_\_\_\_

Within a few days of detecting the rash, did you or your child:

Change laundry detergents, lotions, or soaps?	Yes / No	List: _____
Hike in the woods?	Yes / No	
Been in a pool, hot tub, or outdoor body of water?	Yes / No	Describe: _____
Travel?	Yes / No	Where? _____
Eat anything new?	Yes / No	Describe: _____

Has your child been exposed to someone with similar symptoms? Yes/No. Who? \_\_\_\_\_

Does your child have any chronic medical problems? Yes/No. If yes, please explain. \_\_\_\_\_

Is your child taking any daily prescribed medications? Yes/No. If yes, please explain. \_\_\_\_\_

Is your child taking over-the-counter cold medications? Yes/No. Motrin or Tylenol? Yes/No. Other: \_\_\_\_\_

Does your child have a medication allergy? Yes/No. What medication/reaction? \_\_\_\_\_

Has your child been admitted to the hospital overnight? Yes/No. If yes, please explain. \_\_\_\_\_

Does your family have any pets? Yes/No please circle: dog/cat/other \_\_\_\_\_

Has your child had any surgeries? Yes/No. If yes, please explain. \_\_\_\_\_

Does anyone in the family have:

Asthma ?	Yes/No	please circle: father/mother/sibling
Seasonal allergies?	Yes/No	please circle: father/mother/sibling
Eczema?	Yes/No	please circle: father/mother/sibling

Does anyone in the family smoke? Yes/No.

Does your child attend daycare/preschool/school? (please circle) What grade in school? \_\_\_\_\_

Are your child's immunizations up-to-date? Yes/No If no, please explain. \_\_\_\_\_

This form completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_