

# ICHTHYOSIS EXAMINATION FORM

## PERSONAL DATA

Name: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Further (affected/unaffected) relatives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consanguinity?                      Yes                      No

If yes, which grade? \_\_\_\_\_

DOB: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL MEDICAL HISTORY

1. Severe medical problems in the past:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Allergies/drug allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Family history:

a. Skin problems

\_\_\_\_\_

\_\_\_\_\_

b. Others

\_\_\_\_\_

\_\_\_\_\_

MDC Berlin

Index:

Sample:

Sample:

Sample:

Sample:

Sample:

Sample:

**SKIN DISEASE HISTORY**

General history of skin diseases:

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Specific questions:

1. Collodion baby	Yes	No	Unknown
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2. Sweating abnormalities	Yes	No	Unknown
If yes, please specify			

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3. Infection history	Yes	No	Unknown
If yes, please specify			

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4. History of blisters	Yes	No	Unknown
If yes, please specify			

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5. Dermatological medications prescribed (When? For how long? Dose?)

a. Topical

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b. Systemic

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**DERMATOLOGICAL EXAMINATION**

General description of the skin findings:

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## Specific items:

1. Scalp involvement:  
If yes, please specify

Yes

No

2. Face involvement:  
If yes, please specify

Yes

No

3. Lips involvement:  
If yes, please specify

Yes

No

4. Eye involvement:  
If yes, please specify

Yes

No

5. Ear involvement:  
If yes, please specify

Yes

No

6. Extensor involvement:

None

Mild

Moderate

Severe

7. Flexor involvement:

None

Mild

Moderate

Severe

8. Palms involvement:  
If yes, please specify

Yes

No

Hyperkeratosis:  
Pits present

None

Mild

Moderate

Severe

Yes

No

9. Soles involvement:  
If yes, please specify

Yes

No

Hyperkeratosis:  
Pits present

None

Mild

Moderate

Severe

Yes

No

10. Genital involvement:  
If yes, please specify

Yes

No

11. Scale type:

- |                    |   |              |      |   |        |   |   |            |
|--------------------|---|--------------|------|---|--------|---|---|------------|
| a. Thick/bark-like | < | 1            | 2    | 3 | 4      | 5 | > | Fine/scaly |
| b. Color:          |   | White        | Gray |   | Yellow |   |   | Brown      |
| c. Adherent        |   | Non-adherent |      |   |        |   |   |            |
| d. Crusty          |   | Non-crusty   |      |   |        |   |   |            |

e. Special type: \_\_\_\_\_

- |                      |      |     |      |          |
|----------------------|------|-----|------|----------|
| 12. Visible erythema |      | Yes |      | No       |
| If yes, on face:     | None |     | Mild | Moderate |
| extremities:         | None |     | Mild | Moderate |
| torso:               | None |     | Mild | Moderate |
|                      |      |     |      | Severe   |

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|------------------------|-----|----|
| 13. Blisters           | Yes | No |
| If yes, please specify |     |    |

- |                        |     |    |
|------------------------|-----|----|
| 14. Skin infection     | Yes | No |
| If yes, please specify |     |    |

- |                               |     |    |
|-------------------------------|-----|----|
| 15. Nail abnormality present: | Yes | No |
| If yes, please specify        |     |    |

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|-----------------------------|------|------|----------|--------|
| 16. Hair                    |      |      |          |        |
| Scalp Hair Loss             | None | Mild | Moderate | Severe |
| Body Hair Loss              | None | Mild | Moderate | Severe |
| Hirsutism                   | None | Mild | Moderate | Severe |
| Hair structure abnormality? | Yes  |      | No       |        |
| If yes, please specify      |      |      |          |        |

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|-------------------|-----|----|
| 17. Specific odor | Yes | No |
|-------------------|-----|----|

18. Further observations/remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of physician: \_\_\_\_\_

Date: \_\_\_\_\_