

ATOPIC DERMATITIS FORM

Patient Information:

Patient Name:	Gender:
DOB:	Assessment Date:

History:

Onset and duration of the condition and when it was diagnosed. Kindly provide signs & symptoms (severity of disease and conditions that affects quality of life).

Current & Previous scores:

	Current	Previous	Reference
EASI (Eczema Area and Severity Index)			Mild: 1.1 -7 Moderate: 7.1 - 21 Severe: 21.1- 50 Very severe : 50.1-72
DLQI (Dermatological Life Quality Index) <small>For use only in adults aged 16 years and above</small>			Mild: 2-5 Moderate: 6-10 Severe: 11-20 Very sever: 21-30
Scorad index			Mild: less than 25 Moderate: between 25 and 50 Severe: more than 50
BSA* (Body Surface Area)			NA

*interpretation of AD severity using BSA alone is inadequate

List of previous conservative management:

(History of previous management done, indicating which medication duration and response)

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Plan of treatment for (Drug Name):

What is the Plan of treatment indicating the dose, duration and frequency of administration?
What are Dr's expectation from the treatment (better EASI score, QOL, Clear Skin).

Date:

Physician Name:

Physician Signature/Stamp: