

Dermatological Symptom Description

Patient Name: [Patient Name]

Date of Visit: [Date]

Referring Physician: [Referring Physician's Name]

Chief Complaint:

[Describe the primary symptom(s) prompting the visit, e.g., "The patient presents with a rash on the left forearm."]

History of Present Illness:

[Provide detailed information about the duration, onset, progression, and any associated symptoms, e.g., "The rash began approximately two weeks ago and has progressively worsened. Patient reports itching and discomfort. "]

Review of Systems:

[Document relevant systemic symptoms, e.g., "No fever, chills, or recent infections noted."]

Physical Examination:

Skin: [Describe findings, e.g., "Erythematous maculopapular rash measuring approximately 5 cm, localized to the left forearm."]

Other Systems: [Brief mention of other relevant systems examined.]

Assessment:

[Provide a clinical impression based on the examination, e.g., "Patient likely has contact dermatitis due to exposure to an irritant."]

Plan:

[Outline the proposed management, e.g., "Recommend topical corticosteroid and follow-up in 2 weeks for reassessment."]

Physician's Signature: [Physician's Name] **Date:** [Date]