

Atopic eczema record sheet

Welcome to our clinic. It would greatly help us to help you if you could fill in some basic details about your child's eczema before you come in to see the team. This should not take more than a couple of minutes, and will help to provide a useful record which will be kept in your medical notes. Please fill in the form on behalf of your child, and if possible, discuss some of the answers with your child. If your child is old enough, then he/she might be willing to fill in the form themselves with your help.

Today' Date

Age of Patient

At what age did your eczema begin? years

Name
Address

DOB
Hospital No

Which parts of the body does the eczema normally affect?

.....

Which are the **worst** places?

.....

Please tick the appropriate box:

Does anything make your child's eczema worse? Yes No

If yes, please specify:

Foods

Washing/body products incl. wipes

Grass/pollen

Animals

Heat or sun

Time of year

Other

If your child on a special diet? Yes No

If yes, what foods is he/she avoiding?

Has this helped the eczema? Yes No

Is your child's sleep disturbed because of his/her eczema? Yes No

If yes, how many times a week?

What is the most distressing thing about your child's eczema?

.....

Has your child had any other illnesses in the past?

.....

Does your child suffer from asthma? Yes No

If yes, what treatment is he/she on?

.....

Does your child suffer from hay fever? Yes No

If yes, what treatment is he/she on?

.....

Has your child taken steroid tablets before? Yes No

If yes, how often and when was the last course?

.....

Is your child on any medication for anything else? Yes No

If yes, please specify

.....

What are you CURRENTLY using to treat your child's skin (moisturisers, bath oils, steroid creams, bandages, antihistamines, herbal/homeopathic, others)? Do these help?

.....

.....

.....

.....

What were you using IN THE PAST to treat your child's skin (moisturisers, bath oils, steroid creams, bandages, antihistamines, herbal/homeopathic, others)? Did these help?

.....

.....

.....

.....

Do you think your child is allergic to anything? Yes No

If yes, please specify

.....

Who normally lives with the child at the moment?

.....

In the first degree of relatives of your child, ie. Parents, brothers or sisters, is there a history of

Asthma Yes No Who?

Hay fever Yes No Who?

Eczema Yes No Who?

Does your child come into contact with any pets at home? Yes No

If yes, please specify

.....

How much has the eczema bothered your child in the last week?

Please give a number from 0-10 (0= no bother at all: 10= the most bother you can imagine)

(0-10)

Are the child's parents/carers being affected due to the child's eczema? Yes No

If yes, in what way?

.....

.....

.....

What are you hoping to gain from today's consultation?

.....

.....

.....

.....

