PATIENT QUESTIONNAIRE

NAME: Karen Ho
First, Last

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Granting permission to provide educational information & promotions

PHONE (Best number): 6478215666

OCCUPATION: Veterinary Technician

HEALTH PROBLEMS/MEDICAL HISTORY: Hyperthyroidism turned hypothyroidism

MEDICATIONS: synthroid

DRUG ALLEGIES: N/A

PHARMACY FAX#:

PREGNANT: ☐ Yes ☑ No

DRUG PLAN: ☑ Work/Private ☐ ODB/ Trillium ☐ Health Spending Account ☐ No Plan

MAIN REASON FOR CONSULT? Itchy skin for past month, hives after itching, scratching to the point where le

WHERE IS AREA OF CONCERN? mainly legs for scabs, all over body for hives and rash

HOW LONG HAVE YOU HAD THE PROBLEM? past month

HAVE YOU HAD THIS ISSUE BEFORE? Yes, back when hyperthyroidism started 6 years ago. On and off, but t

ANY TREATMENTS TO DATE (E.G. RX, CREAMS, ETC)? No, allergy medication (reactine)

IF YES, DID THEY HELP OR WORSEN? Helps

ANY OTHER SYMPTOMS (e.g. itch, burn, pain, etc. & how severe)? Itch, very severe, hives

DO YOU HAVE A HISTORY OF SKIN PROBLEMS (E.G. ECZEMA, PSORIASIS, SKIN CANCER)?

Yes, back when hyperthyroidism started 6 years ago. On and off, but this time, very persistent

☑ I hereby give consent to my dermatologist for virtual visit and electronic communication.

*** Please complete questionnaire and email to econsult@torontodermatologycentre.com, along with a picture of your OHIP (healthcard) and 3-4 photos of the area of concern.