Telederm Referral Form

Patient Demographics

Last Name		Patient Record ID	
First Name		OHIP/Insurance Plan #:	
Middle Initial		Version Code	
Day Phone		WSIB#	
Evening Phone		Birthdate (dd/mm/yy)	
Address:		Gender	
City			
Prov			
Postal Code			

Referral Note:

Reason for Consultation	Urgency:
Chief Complaint:	
Clinical History Relevant to Chief Complaint:	Enter questions, comments, thoughts or other relevant information. Be as detailed as possible!

History of Present Illness:

Symptoms: ☐ Itching ☐ Sleeplessness ☐ Burning ☐ Pain ☐ Tenderness ☐ Bleeding ☐ Other, specify:	Chronicity: ☐ Intermittent ☐ Persistent ☐ Other, specify:
Relieving factors:	Exacerbating factors:
Recent environmental exposure:	Recent Travel (locations and dates)
Treatment/Medication tried for this condition	Response: ☐ Improved ☐ No change ☐ Worsened

Colour of skin:	Country of Origin:	Occupation:
☐ African American ☐ Caucasian ☐ South Asian ☐ East Asian ☐ Hispanic or Latino ☐ Middle Eastern ☐ Native American		

Prior Medical Conditions:	
☐ Eczema ☐ Hay Fever/Rhinitis/Asthma ☐ Psoriasis ☐ Autoimmune disease	☐ Hyperhidrosus ☐ Skin Cancer ☐ Other, specify ☐ Prior skin surgery ☐ Acne/rosacea
Other relevant health problems:	Risk Factors:
Current medications:	Drug and/or environmental allergies
Significant medical history:	Relevant family history:

Physical Exam

Primary Lesion:		
☐ unknown	☐ Eschar	Lesion size:
☐ scaly papules	☐ Vesticles, bullae or ulcers	
☐ smooth papules	☐ Erosion or ulcers	
☐ scaly plaques	☐ pigmented lesion	
☐ smooth plaques	☐ hyper-or-hypo pigmentation	
☐ erythematous macules and patches	☐ Nodules, cysts, or tumors	
☐ non-blanching purpura/petechaie		

Distribution (select all that apply)		
☐ localized	☐ palms or soles	☐ injection
☐ extremities	☐ lymphangitic	☐ flexor
☐ truncal	☐ sun-exposed areas	☐ extensor
☐ feet	☐ dermatomal	☐ genital
☐ scalp	☐ scattered or few	

Body Location(s)