Nathaniel J. Jellinek, MD
Mohs Surgery
Nail Diseases

New nail patient questionnaire

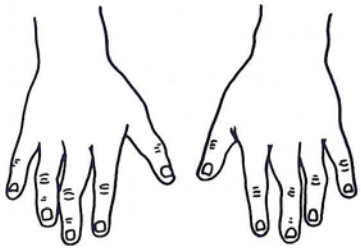
YOUR NAME:_____ DATE:_____

REFERRING DOCTOR:_____

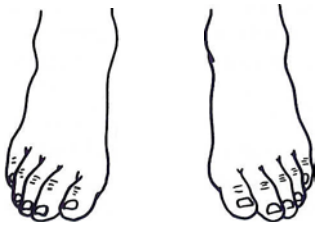
What is your nail problem? _____

When did this problem start? _____

Were you born with this problem? □ yes □ no
Which nails were affected first? (Place a * by these)
Which are affected now? (Place a √ by these)



RIGHT LEFT



RIGHT LEFT

How has this changed from beginning to now? _____

Describe your nails in general (hard, brittle, soft, etc.). _____

Have you ever traumatized any of the involved nails (stubbed your toe, hit the nail with a hammer, caught it in a door, etc.)? □ no □ yes (please expand)

What kind of work do you do? _____

Contact with chemicals or irritants, such as strong soaps, hair straighteners, lye, etc.? □ yes □ no

Hands or feet in water a lot? □ yes □ no

Hands or feet moist because of sweating or other reasons? □ yes □ no

List hobbies in which you might traumatize or otherwise affect your nails (tennis, jogging, basketball, racquetball, painting, playing the piano, putting together models, gardening, etc.).

_____ _____ _____

Did you in the past or have you recently
a. Pick at your nails? □ yes □ no
b. Bite or suck on your nails? □ yes □ no
c. Have ingrown nails? □ yes □ no
d. Wear tight or pointed-toe shoes? □ yes □ no
e. Push the cuticle back (how often?) □ yes □ no
f. Had chronic paronychia or persistent redness and swelling around cuticles? □ yes □ no

PERSONAL NAIL CARE

List any nail products or conditioners that you use:
1. Base coat □ yes □ no
2. Top coat □ yes □ no
3. Nail strengtheners/hardeners □ yes □ no
4. Cuticle treatment □ yes □ no
6. Nail conditioners □ yes □ no
7. Others (please list): _____
Please bring any of these products with you on your next office visit, if possible.

List any instruments that you use to care for your nails (file, buffer, orange stick, etc.):_____
How often do you use these instruments?
Do you go to a manicurist? □ yes □ no How often?_____

What is usually done to your nails?_____

Have you ever had any of the following? (If so, how often and when was the last time?)
1. Sculptured nails □ yes □ no
2. False or artificial nails or "gel" nails or nail tips □ yes □ no
3. Nail "wraps" □ yes □ no
4. Acrylic nails □ yes □ no
5. Other

Do you have any other skin or hair problems, or have you ever had any in the past? (circle all that apply)

lichen planus psoriasis ringworm "jock itch" athlete's foot eczema

List any medical problems that you have had in the past or have now (diabetes, heart trouble, thyroid problem, etc.)

_____ _____ _____

_____ _____ _____

List any medications that you have taken during the last year (include herbs and supplements)

_____ _____ _____

_____ _____ _____

List any drug allergies

_____ _____ _____

What treatment (self and professional) have you had for your nail problem (past and present)?
a. List pills and dates used.

b. List topical treatments and dates used.

c. List surgical treatment and dates performed.

Does anyone in your family have any of the following?
a. Nail problems □ yes □ no
b. Diabetes □ yes □ no
c. Skin problems (psoriasis, lichen planus, fungus, etc.) □ yes □ no
d. Melanoma □ yes □ no
e. Thyroid problems □ yes □ no

Review of Systems

PLEASE CIRCLE ALL THAT APPLY

General/skin/sleep

- Δ weight
- Fatigue
- Weakness
- Fevers
- Chills
- Rash/itching/dryness
- Δ hair
- Δ nails

Respiratory

- Cough
- Short of breath
- Wheezing
- Asthma
- Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis

Blood?
Sputum?
- Color?
- Quantity?

Musculoskeletal

- Joint pain/back ache
- Swelling
- AM stiffness
- Arthritis
- Gout
- Cramps
- Prox. weakness
- Functional limit

Endocrine

- Heat/cold intolerance
- Polydypsia
- Polyphagia
- Diaphoresis
- Thyroid problems
- Diabetes
- Skin color change
- Excess hair growth

HEENT

- Eyes:
  - Vision
  - Pain
  - Redness
  - Tearing
  - Double vision
- Ears:
  - Hearing
  - Tinnitus
  - Vertigo
  - Earache
  - Discharge
- Nose:
  - Colds
  - Stuffiness
  - Hay fever
  - Nosebleed
  - Sinus
  - Inability to smell
- Mouth:
  - Teeth
  - Bleeding gums
  - Sore throat
  - Horseness
- Throat:
  - Difficulty swallowing
  - Lumps
  - Goiter
  - Pain
  - Stiffness

Cardiovascular

- High/low BP
- Murmurs
- Short of breath when lying flat
- Edema
- Chestpain
- Palpitations (rapid/skip)
- Claudication
- Varicoseveins
- Deep vein thrombosis
- Easy bruise/bleed
- Anemia
- Transfusions

Neuro/psych

- Headache
- Fainting
- Blackouts
- Seizures
- Paralysis
- Numbness/tingling
- Vertigo/dizziness/difficulty walking
- Confusion
- Memory loss
- Tremor/coordination
- Anxiety/tension/stress
- Depression/tearfulness
- Suicide attempts

GI

- Δ appetite
- Heartburn
- Nausea
- Vomiting
- Abdominal Pain
- Bloating
- Lactose intolerance
- Diarrhea
- Constipation
- Gas
- Hemmorrhoids/**r**ectal bleed
- Liver/gallbladder
- Jaundice/hepatitis

GU

- Dysuria
- Nocturia
- Polyuria
- Hematuria
- Urgency
- Hesitancy
- Incontinence
- UTI
- Stones
- Δ stream

ID

- Staph infection
- MRSA infection
- Herpes infection
- Fungal infection
- Hepatitis B
- Hepatitis C
- HIV

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