



**Alpine Dermatology Associates, P.L.L.C.**

**NAIL EVALUATION & PATIENT HISTORY**

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Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Occupation \_\_\_\_\_

1. How long have you had a nail problem? \_\_\_\_\_

2. Which fingernails/toenails are affected? \_\_\_\_\_

3. Please describe in detail the problem you are having with your nails. \_\_\_\_\_

\_\_\_\_\_

4. How are you treating your nail problem? \_\_\_\_\_

\_\_\_\_\_

5. Have you had problems with your nails before? \_\_\_Y\_\_\_ N If yes, please describe:

\_\_\_\_\_

6. Please describe past history of nail treatment: \_\_\_\_\_

\_\_\_\_\_

7. Have you had a past history of hair disorders? \_\_\_Y\_\_\_ N If yes, describe, including treatment: \_\_\_\_\_

8. List other medical problems you may have. \_\_\_\_\_

\_\_\_\_\_

9. Medications: \_\_\_\_\_

\_\_\_\_\_

10. History of activities that might affect the nail:

a. Hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. List in detail all products used on nails (include polish, removers, hardeners, false nails, adhesives, soaps, detergents, how you cut your nails, manicures, and all nail manipulations). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Family history of skin problems (include skin, hair, and nails). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. What do you think is causing your nail problem? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_