

**PSORIASIS PATIENT INFORMATION SHEET**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you had psoriasis? \_\_\_\_\_

Please list involved areas: \_\_\_\_\_

Did you have an infection before the psoriasis started (such as strep throat or a respiratory virus)? \_\_\_\_\_

\_\_\_\_\_

What makes it better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

Is it better in the winter or summer? \_\_\_\_\_

Is it itchy or painful? \_\_\_\_\_

Do you have any nail changes, fevers or arthritis? \_\_\_\_\_

Please list any prescription or over-the-counter treatments (i.e. topical steroids, tar, Dovonex, Tazorac, Elidel, Protopic, Anthralin, ultraviolet radiation, PUVA): \_\_\_\_\_

\_\_\_\_\_

Have you had systemic therapy (such as Prednisone, Methotrexate, Soriatane, Cyclosporine, Enbrel/Humira)?

\_\_\_\_\_

If yes, when did you have it? \_\_\_\_\_

Did it help? \_\_\_\_\_