Tele-dermatology Case Record form:								
Please preserve this in your medical records The consultation outcome depends on the details you provide below You may be requested to provide further details and a repeat consultation could be required								
						Name:	nme: Date:	
Age:	Gender:	Mobile No:						
Address:								
Patient identity pr	oof used with details:							
Weight:								
Mode of commun	ication: Whatsapp/video call/email/	Telephone						
Quality of photographs shared: Able to interpret clearly/Need in person examination								
First consultation	/ Follow up consultation							
Patient examined	in person in the past 6 months- Yes/	No						
Presenting for same complaint/New complaint								
History & Exam	ination:							
Presenting comp	laints:							
Type of Primary 1	esion: Macule/papule/patch/plaque/v	vesicle/nodule/erosion/ulcer/other						

Sites affected:

BSA (%) Involved:
Duration:
Associated symptoms:
Comorbidities:
History of allergies (including to any medications) including nature, severity of reaction, and treatment:
Family History of similar complaint:
Patient previous diagnosis, if any:
Medications: A- For present illness
B. – Concomitant complaints
Response to previous medications: Very good/satisfactory/Poor/ None
Present consultation Diagnosis/Provisional Diagnosis:
Is it an emergency- Yes/ No
Investigations:
Date:

Frequency	Instructions regarding intake
	Frequency

Follow up Consultation on:						
Contact in case of Emergency/ Adverse effect at:						
	Doctor's seal/Digital Signature:					
	MCI Number					
	Clinic Address:					
	Contact details:					

Patient Privacy Consent:

As per the legal requirements I, as patient or guardian of the patient, hereby authorize and give my consent to the clinic (please strike out if not relevant)

- 1. To store and process my health records
- 2. To contact me via email/SMS with respect to transactional messages relevant to me.
- 3. To use my anonymized records for research and analysis.

Date:	/ /	Signature:
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Disclaimer: This is an online consultation response. The patient has not been physically examined. The prescription or advice is based on the patient's description of the problem that is stated verbatim above"