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DERMATOLOGY VULVAL SKIN CLINIC
FIRST PRESENTATION SHEET

DATE		PATIENT DETAILS (AFFIX LABEL) NAME CHI
CONSULTANT		
PATIENT'S AGE		
REFERRED BY		
REASON FOR PRESENTATION/DIAGNOSIS		TESTS AND RESULTS TO DATE
TREATMENT SO FAR		VULVAL IRRITANTS
HISTORY OF PRESENTING COMPLAINT		

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PAST MEDICAL HISTORY	RELEVANT FAMILY HISTORY
OTHER SKIN PROBLEMS	ALLERGIES/SENSITIVITIES
MEDICATIONS	SMOKER / YES / NO / /DAY
	OBS AND GYNAE HISTORY
	LMP / CYCLE
	CONTRACEPTION/HRT
	POST MENOPAUSAL
	SEXUALLY ACTIVE
	DYSPAREUNIA
PSYCHOSOCIAL ASPECTS	

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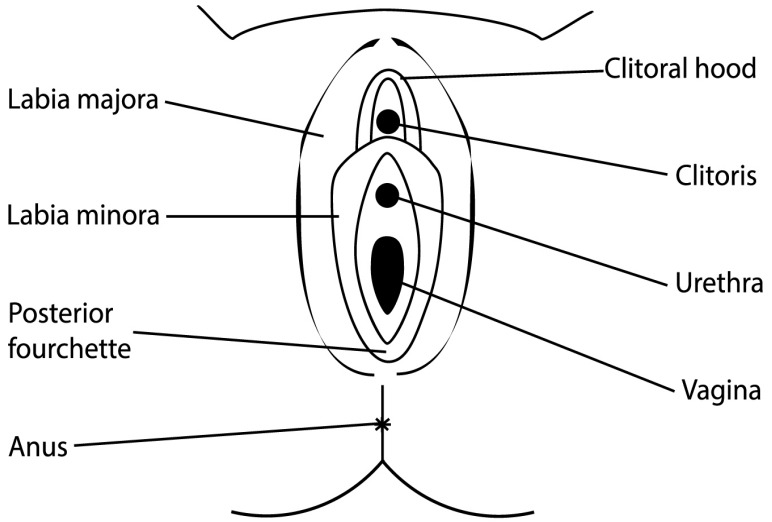
CLINICAL EXAMINATION



MOUTH	NAILS
SKIN	PAIN (0- 10)
	ITCH (0- 10)

TESTS	TICK	RESULTS
VAGINAL SWAB	☐	
VAGINAL SWAB M,C & S	☐	
CHLAMYDIA SWAB	☐	
BIOPSY FOR HISTOLOGY 1	☐	
BIOPSY FOR HISTOLOGY 2	☐	
CERVICAL SMEAR	☐	
FBC/FERRITIN	☐	
TFT	☐	
AUTOANTIBODIES	☐	
U&E/LFT	☐	
RANDOM GLUCOSE	☐	
URINALYSIS	☐	

DIAGNOSIS & MANAGEMENT PLAN

BIOPSY TAKEN	YES / NO	

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LEAFLETS	☐		
LICHEN SCLEROSUS	☐	SKIN WASHING	☐
LICHEN PLANUS	☐	USE OF STEROIDS	☐
LINCHEN SIMPLEX	☐	AMITRIPTYLINE	☐
VULVODYNIA	☐	GABAPENTIN	☐

FOLLOW UP

SIGNATURE