

HYPERHIDROSIS ENCOUNTER FORM

NAME:

ADDRESS:

PHONE: (CELL):

EMAIL:

HEIGHT:

WEIGHT:

MALE/FEMALE:

MIGRAINES? Y / N

HI BLOOD PRESSURE: Y / N SMOKE CIGS: Y / N

MY SWEATING IS: 1. NEVER NOTICABLE, DOESN'T INTERFER WITH MY DAILY ACTIVITIES

2. TOLERABLE, SOMETIMES INTERFERES WITH DAILY ACTIVITIES

3. BARELY TOLERABLE, FREQUENTLY INTERFERES WITH DAILY ACTIVITIES

4. INTOLERABLE, ALWAYS INTERFERES WITH DAILY ACTIVITIES

HAND FEET AXILLA FACE BLUSH FACE SWEAT OTHER: _____

ANYONE ELSE IN THE FAMILY HAVE HYPERHIDROSIS?

HOW OLD WERE YOU WHEN THE SEVERE SWEATING STARTED?

WHAT TREATMENTS HAVE YOU TRIED FOR IT?

DO SYMPTOMS RESOLVE WHILE SLEEPING?

MEDICATIONS PRESENTLY USING?

ALLERGIES?

PREVIOUS HOSPITALIZATION? SURGERY ? MEDICAL CONDITIONS?

HOW DOES THIS CONDITION IMPACT YOUR PROFESSIONAL, SOCIAL OR PERSONEL LIFE?