

Dermatology referral form for suspected psoriasis

Patient information

Patient Name: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other: _____

Patient Phone: _____

Address: _____

Primary Care Provider: _____ PCP Phone: _____

Date of Referral: _____

Reason for referral

Primary reason for dermatology referral (check all that apply):

- ☐ Suspected psoriasis
- ☐ Persistent or worsening skin condition/psoriasis
- ☐ Failure of initial treatment (please describe): _____
- ☐ Unclear diagnosis
- ☐ Other: _____

Presentation

Duration of symptoms:

- ☐ Less than 3 months
- ☐ More than 3 months

Signs and symptoms experienced (check all that apply):

- ☐ Red patches of skin with thick, silvery scales
- ☐ Dry, cracked skin that may bleed
- ☐ Itching, burning, or soreness in affected areas
- ☐ Thickened, pitted, or ridged nails
- ☐ Joint pain, stiffness, or swelling (if yes, refer to rheumatology for potential psoriatic arthritis)
- ☐ Other skin symptoms (please describe): _____

Location of lesions (check all that apply):

- ☐ Scalp
- ☐ Elbows
- ☐ Knees
- ☐ Buttocks/intergluteal cleft
- ☐ Palms/Soles
- ☐ Other areas (please describe): _____

Severity:

Extent of skin involvement (the palm of a patient represents 1% of body surface area):

- ☐ Less than 3% of body surface area
- ☐ 3-10% of body surface area
- ☐ Greater than 10% of body surface area

Impact on quality of life:

- ☐ Minimal (little or no impact on daily life, work, or social interactions)
- ☐ Moderate (some impact on daily life, work, or social interactions)
- ☐ Severe (large impact on daily life, work, or social interactions)

Medical history

Previous diagnosis of psoriasis:

- ☐ Yes
 - ☐ No
- If yes, how long ago: _____

Previous diagnosis of psoriatic arthritis:

- ☐ Yes
- ☐ No

Biopsy confirmed?

- ☐ Yes
- ☐ No

Family history of psoriasis:

- ☐ Yes
 - ☐ No
- If yes, relationship: _____

Other medical conditions (check all that apply):

- ☐ Hypertension
- ☐ Diabetes
- ☐ High cholesterol
- ☐ Obesity
- ☐ Cardiovascular disease (eg, CHF, history of coronary artery disease)
- ☐ Autoimmune disease (eg, rheumatoid arthritis, lupus, inflammatory bowel disease)
- ☐ Depression or anxiety
- ☐ Other: _____

Medications:

Current medications: _____

Previous treatments for psoriasis	Effectiveness of previous treatment (may be patient-reported)
☐ Topical corticosteroids	
☐ Non-steroidal topical treatments	
☐ Vitamin D analogs	
☐ Phototherapy	
☐ Systemic agents (eg, retinoids, immunosuppressants, small molecules, tumor necrosis factor (TNF)- α inhibitors, interleukin (IL)-12/23, IL-17 and IL-23 inhibitors, tyrosine kinase 2 (TYK2) inhibitors)	
☐ Other: _____	

Additional information

Known allergies: _____

Lifestyle factors (check all that apply):

- ☐ Smoker
- ☐ Alcohol use
- ☐ Stress-related flare-ups
- ☐ Other: _____

Does the patient exhibit joint pain or swelling?

- ☐ Yes (Possible psoriatic arthritis; consider referral to a rheumatologist)
- ☐ No

Referral urgency

- ☐ Routine
- ☐ Urgent (significant impact on quality of life or potential severe psoriatic arthritis, or erythroderma)

Referring provider's notes

Attachments

- ☐ Clinical notes
- ☐ Lab results
- ☐ Photographs of affected areas (if available)
- ☐ Biopsy results (if available)
- ☐ Other: _____

Referring physician information

Referring Physician Name: _____

Practice Address: _____

Contact Information: _____