

Dr. Roger H. Kobayashi

Dr. Brett V. Kettelhut

## Warts Questionnaire

Patient Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Referring MD: \_\_\_\_\_

Race  White  Black or African  American Indian or Alaskan Native  Asian  
 Native Hawaiian or Other Pacific Islander  Hispanic  
(Race will be used for laboratory purposes)

1. How many years have you had warts?

less than one year  1-5 years  6-10 years  More than 10 years.

2. Where are the warts located?

Hands/Fingers  Arms/Legs  Feet/Toes  Bottom of Feet  
 Face/Scalp  Mucous Membranes  Other: \_\_\_\_\_

3. What has been done to try and get rid of the warts?

Chemical/Plaster Irritants  Freezing  Surgery  Laser Therapy  
 Anti-Virals  Chemotherapy  
 Other: \_\_\_\_\_

4. Have you seen any other specialists for the warts?  No

Yes (*list*) \_\_\_\_\_

5. Do you have problems with other infections?

Chronic Respiratory Infections  Chronic Intestinal Infections  
 Frequent Yeast Infections  HIV  
 Other types of skin Infections, i.e. Shingles / Molluscum \_\_\_\_\_

6. Do you have other health problems which might make you susceptible to chronic infections?

Cancer  Diabetes  Primary Immunodeficiency  
 Medications which might suppress immunity (e.g. Steroids, methohexate.)

7. Have you had bad reactions to vaccines?  No  Yes

What vaccine? \_\_\_\_\_

8. Have you had any bad or allergic reactions to any medications?  No  Yes

What medication? \_\_\_\_\_

9. Are your immunizations up to date?

DPT (Diphtheria, Pertussis, Tetanus)  Td (Tetanus & Diphtheria)  Flu Shots  
 Pneumovax (Pneumoccal)  Hepatitis  Other: \_\_\_\_\_  
( If 65 or older)

10. Do you have any other health problems we should know about?

- Heart       Lung       Gastrointestinal       Kidneys  
 Neurological       Muscular / Skeletal       Genitourinary tract  
 Skin       Kidneys       Other: \_\_\_\_\_

11. Have you ever been hospitalized or gone to the ER / Urgent Care?       Yes       No  
or had any operations?       Yes       No

*If yes, explain:* \_\_\_\_\_

12. Do you have other family members, relatives with allergy, asthma, sinus or recurrent infections?

- Mother       Father       Brother       Sister  
 Aunt       Uncle       Grandparents       Children \_\_\_\_\_

13. Are there any other health problems which tend to run in your family?

- Warts       Diabetes       Kidney       Infections       Heart       Arthritis  
 High Blood Pressure       Cancer       Other \_\_\_\_\_

14. Do you share a shower or bath?       Yes       No

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At this visit the doctor may decide to first run a delayed test on your skin to see how you react prior to treatment. Delayed testing involves injecting a very small amount of Tb, Candida or Diptheria/Tetanus under your skin and the results are read 2 days later.

Warts are treated by injection every 10 days as necessary.