



# THE ROSACEA TREATMENT INSTITUTE OF TEXAS

The first Medical Institute dedicated solely to the treatment of rosacea

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## I. Questionnaire for Rosacea Sufferers

Rosacea Client Information.....	2
Severity of Facial Symptoms.....	3
Severity of Non-facial Symptoms.....	4
Ocular Symptoms.....	4
Rosacea Medications.....	5
Other Medications & Procedures.....	6
Additional Information.....	7
Strict Confidentiality of Client Information.....	7

## II. Rosacea Client Information

### General Client Information:

Date: (mm/dd/yyyy)                      Email:

Last Name:

First Name:    MI

Street Address:

City:

State:

Zip Code:

Country:

Phone numbers

Home

Cell

Work

Date of Birth: (mm/dd/yyyy)

Gender:    M            F

### III. Severity of Facial Symptoms:

For the questions listed below please rate your symptoms for the area indicated from 0 to 3 with 0 indicating the total absence of symptoms, 1 for mild, 2 for moderate and 3 for severe symptoms.

Symptoms	Forehead (0-3)	Nose (0-3)	Chin (0-3)	Cheeks (0-3)
Redness	[ ]	[ ]	[ ]	[ ]
Flushing	[ ]	[ ]	[ ]	[ ]
Blushing	[ ]	[ ]	[ ]	[ ]
Telangiectasias ( <i>broken blood vessels</i> )	[ ]	[ ]	[ ]	[ ]
Lumpy Bumpy Skin	[ ]	[ ]	[ ]	[ ]
Papules ( <i>small red bumps</i> )	[ ]	[ ]	[ ]	[ ]
Pustules ( <i>larger red bumps with pus</i> )	[ ]	[ ]	[ ]	[ ]
Facial Swelling	[ ]	[ ]	[ ]	[ ]
Facial Burning	[ ]	[ ]	[ ]	[ ]
Rhynophyma ( <i>marked deformity of the nose</i> )	[ ]	[ ]	[ ]	[ ]

If flushing occurs is it associated with sweating in the same area?

Place an [ **X** ] in the appropriate box--- yes [ ] no [ ]

If blushing occurs is does it cause social anxiety?

Place an [ **X** ] in the appropriate box--- yes [ ] no [ ]

#### IV. Severity of Non-Facial Symptoms:

For the questions listed below please rate your symptoms for the area indicated from 0 to 3 with 0 indicating the total absence of symptoms, 1 for mild, 2 for moderate and 3 for severe symptoms. If another area is involved please indicate that area here and then list severity of symptoms.

Other area involved [e.g. ear, scalp, neck or upper chest] .

Symptoms	Neck (0-3)	Chest (0-3)	Ears (0-3)	Other (0-3)
Redness	[ ]	[ ]	[ ]	[ ]
Flushing	[ ]	[ ]	[ ]	[ ]
Telangiectasias (broken blood vessels)	[ ]	[ ]	[ ]	[ ]
Lumpy Bumpy Skin	[ ]	[ ]	[ ]	[ ]
Papules (small red bumps)	[ ]	[ ]	[ ]	[ ]
Pustules (larger red bumps with pus)	[ ]	[ ]	[ ]	[ ]
Swelling	[ ]	[ ]	[ ]	[ ]
Burning	[ ]	[ ]	[ ]	[ ]

#### V. Severity of Ocular (Eye) Symptoms

For the questions listed below please rate your symptoms for the area from 0 to 3 with 0 indicating the total absence of symptoms, 1 for mild, 2 for moderate and 3 for severe symptoms. If you do not suffer from ocular or eyelid symptoms you can ignore this section.

- Ocular (Eye) Symptoms: Overall Severity (0-3) [ ]  
 (0-3) Burning [ ] Redness [ ] Pain [ ] Irritation [ ]  
 (0-3) Dryness [ ] Grittiness [ ] Itching [ ]
- Eyelid Symptoms: Overall Severity (0-3) [ ]  
 (0-3) Redness [ ] Crusting [ ] Loss of Eyelashes [ ]  
 (0-3) Loss of Eyebrows [ ]

## VI. Medications and Procedures

### 1. Current Rosacea Medications: Topical

Medication      Dosage (%) Times/Day    Length of Time

- a.
- b.
- c.
- d.

### 2. Current Rosacea Medications: Oral

Medication      Dosage (%) Times/Day    Length of Time

- a.
- b.
- c.
- d.

### 3. Past Rosacea Medications: Topical

Medication      Dosage (%) Times/Day    Length of Time

- a.
- b.
- c.
- d.

### 4. Past Rosacea Medications: Oral

Medication      Dosage (%) Times/Day    Length of Time

- a.
- b.
- c.
- d.

**Other Medications (e.g. for Hypertension, Diabetes, Menopause, Peri-Menopause):**

<u>Medication</u>	<u>Dosage (%)</u>	<u>Times/Day</u>	<u>Length of Time</u>
a.			
b.			
c.			
d.			

**Over the Counter Products (Skin Care, Steroids, Anti-inflammatories, etc.)**

<u>Medication</u>	<u>Dosage (%)</u>	<u>Times/Day</u>	<u>Length of Time</u>
a.			
b.			
c.			
d.			

**Procedures:**

**1. Procedures for the Treatment of Rosacea (e.g. Laser or Photoderm treatments)**

	<u>Procedure</u>	<u># of Treatments</u>	<u>How Long</u>
a.			
b.			
c.			
d.			

**2. Invasive Procedures for the Treatment of Facial Skin (e.g. Acid Peels, CO2 or Laser Resurfacing, Dermabrasion)**

- a.
- b.
- c.
- d.

## **VIII. Additional Information You Think Might Be Helpful To Evaluating Your Case**

**Please add information that you feel is pertinent to your case [e.g. Allergies, Asthma, Hypertension, Diabetes, Peri-Menopause, Menopause, Stomach or Bowel Dysfunction, etc.]:**

## **IX. Strict Confidentiality Is Given to All Rosacea Client Information**

**All information that you submit to the Rosacea Treatment Institute of Texas is reviewed by two specialists who consult on each case to ensure the best treatment protocols are utilized. This information is stored in a secure database and not accessed by any other individual.**