

PATCH TESTING: PATIENT DATA FORM



Patient Name: _____ ID#: _____

Panel Placement: _____ (date/time) Panel Removal: _____ (date/time)

Read Date #1: _____ Read Date #2: _____ Read Date #3: _____

PANEL ID: _____				PANEL ID: _____			
ALLERGENS	Readings			ALLERGENS	Readings		
	#1	#2	#3		#1	#2	#3
Time:				Time:			
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			

PANEL ID: _____				PANEL ID: _____			
ALLERGENS	Readings			ALLERGENS	Readings		
	#1	#2	#3		#1	#2	#3
Time:				Time:			
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			

NOTES: _____

Patch Test Result coding:

- +++ Extreme Positive: Spreading, bullous, ulcerative
- ++ Strong Positive: Erythema, edema, papules, and vesicles
- + Weak Positive: Nonvesicular, erythema, infiltration, possibly papules
- ? Doubtful: Macular erythema only
- IR Irritant
- Negative