

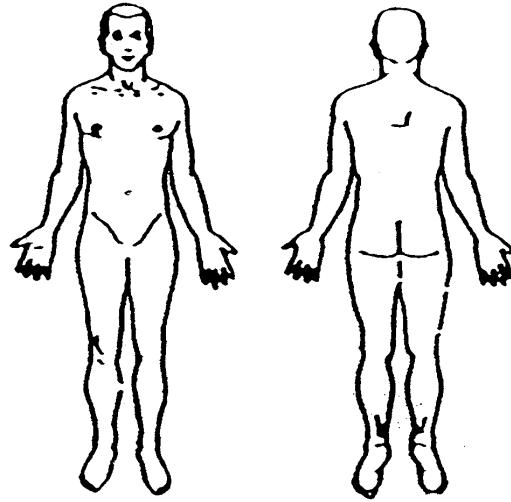
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1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
3. Local Address: \_\_\_\_\_
4. How long at current position: \_\_\_\_\_
5. What year did you start with your present employer? \_\_\_\_\_
6. Current Job Description (*please be specific, more than a few words are needed*): Tell exactly what you do.: \_\_\_\_\_
7. Current job title: \_\_\_\_\_
8. Currently working:  Yes  No If No, Date Last Worked: \_\_\_\_\_
9. Where were you born? \_\_\_\_\_
10. If you were born in another country, when did you come to the U.S.? \_\_\_\_\_
11. Where did you live until age 18? \_\_\_\_\_
12. What outdoor activities did you do before age 18? \_\_\_\_\_
13. What did you do from age 18 to 22? \_\_\_\_\_
14. What outdoor activities did you do from age 18 to 22? \_\_\_\_\_
15. Were you in the military? If so, when? What did you do? \_\_\_\_\_

16. List **all jobs** since age 18. List hours of outdoor daylight activity with each job.  
(use additional paper if needed)

| Age | Years | Job Description | Outdoor hours | Employer Name |
|-----|-------|-----------------|---------------|---------------|
|     |       |                 |               |               |
|     |       |                 |               |               |
|     |       |                 |               |               |
|     |       |                 |               |               |
|     |       |                 |               |               |
|     |       |                 |               |               |
|     |       |                 |               |               |

- a. What areas of your skin have been exposed to sunlight in your job? *(We need a detailed answer to this question.)*
- b. What areas have been exposed to chemicals? Please list what chemicals:
16. Write a complete history of your **current problem**. This must include the following items:
- a. When did your current problem start?
- b. How did your current problem start and what caused it?
- c. Why is this work related, in your opinion?



- d. On the body images, mark the areas involved, and list areas above:
  
- e. All treatments you have been given and what has happened since your problem began, did it get better or worse, how did it change?
  
- f. Names of *all physicians* you have seen for this problem:
  
- g. Names of medications with dates you have used for **this problem**:

| Medication Name | Date Used |
|-----------------|-----------|
|                 |           |
|                 |           |
|                 |           |
|                 |           |
|                 |           |

- 18. What are the current symptoms?
  
- 19. List current complaints about your skin:
  
- 20. Describe your current skin condition:
  
- 21. Current limitations in your daily life:
  
- 22. Limitations keeping you from working:

23. If your condition involves itch or pain, please describe the itch or pain severity on a scale of 1-10, ten being the worse:
24. List all previous skin cancers
25. Is there a prior claim for work injury of your skin?
- Is there a prior award or settlement for your skin such as lifetime medical or disability?
  - Have you had vocational retraining?
  - Are there work restrictions from your prior skin injury?
26. All other medical history, including:
- Past history of any and all illnesses: (high blood pressure, heart disease, diabetes, other cancers)
  - Any and *all* surgeries:
  - Any pregnancies:
  - Allergies to medications?:
  - All* current medications you are taking for other conditions and list reason for each medication:
  - Complete family history (including but not limited to brothers, sisters, mother, father, cousins, grandparents, children) of:
    - Allergies:
    - Skin Conditions/Rashes:
    - Skin Cancers:

- g. Skin history:
- a. Any rashes in the past you have had, including in childhood?
  - b. Any skin cancers or other skin growths removed?
- h. Additional Questions:
- c. Do you smoke now?  Yes, how much? \_\_\_\_\_  No      In the past?  Yes    No
  - d. Do you drink now?  Yes, how much? \_\_\_\_\_  No      In the past?  Yes    No
  - e. List all recreational activities (please be detailed). What outdoor activities?

27. Complete list of any other symptoms you may now have (such as cough, fever, joint pain, etc.)
28. Is there anything else you want us to know that you would feel beneficial to your Workers' Compensation claim?

I certify that the information is complete and accurate. I am responsible for any adverse results that occur because of incompletely filling out this questionnaire.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_