

ANNEXURE I

CLINICAL PROFORMA

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Dr. _____ Date: _____
Name: _____ Age: _____ Sex: _____
Address _____

Marital status: Married/Single Religion: _____
Occupation: _____ Income: _____
Education: _____ Native Place: _____

History of illness

1. Age of onset: _____
 2. Site of onset: _____
 3. Duration: _____
 4. Lesions: Number _____ Size: _____ Shape _____
 5. Condition of hair: no/ black/ gray
 6. Any associated symptoms: Itching/ burning/ pain
 7. Mode of spread: Static/ growing/ receding
 8. Use of any drugs before onset of illness

 9. Aggravating factors: occupational/ hobbies/ trauma/ drug/ work/sunlight/
emotional factors/ menstruation/ pregnancy/ food/ cosmetics/ chemicals/
any other
 10. What does the patient associate it with as
cause _____
 11. Treatment: yes/ no Regular/ Irregular
 12. Recovery: Some/ good/ poor/ no response
 13. Sudden repigmentation: yes/ no
 14. Local sensitivity (photo): _____
 15. Associated diseases:

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16. Family history
- A. 1st degree relatives: father/mother/sister/brother/daughter/son
 - B. 2nd degree relatives: paternal grandmother/paternal grandfather/
maternal grandmother/maternal grandfather/maternal or paternal uncles
or aunts
 - C. 3rd degree relatives: cousins/nephews/nieces
17. Personal history
- Diet: vegetarian/ non vegetarian/ ovo vegetarian/ mixed
Routine food: _____
18. Habits: smoking/ tobacco chewing/ alcoholism
19. Types of vitiligo
- a. Generalized/ Localized
 - b. Unilateral/ Bilateral
 - c. Symmetrical/ Symmetrical
 - d. Universal
 - e. Acrofacial
 - f. Segmental
 - g. Focal
 - h. Liptip vitiligo
 - i. Trichrome
 - j. Quadrichrome
20. Treatment:
-
-
21. Koebner phenomenon: yes/ no