

Treatment only _____ Treatment with accommodation _____

Name _____ Date of birth _____

Address _____

Phone _____ Mobile _____

Disease _____ Age when diagnosed _____

Has the patient been hospitalized because of the disease? Once _____ Often _____ Last time _____

Diabetes? _____

Heart disease? _____

Drugs for heart disease: _____

Drug allergy? _____

Allergy: _____

Other diseases? _____

Effects of climatological treatment: No change _____ Better _____ Worse _____

Can the patient undergo UVB light therapy? No _____ Yes _____

Skin type: I II III IV V

Has the patient had BLUE LAGOON psoriasis treatment before? No _____ Yes _____

If yes, how was the result? Quite good _____ Good _____ Very good _____

How long did the result last? _____

Current psoriasis rashes: Scalp _____ Face _____ Hands _____ Upper body _____ Legs _____

Feet _____ Nails _____ Inverse psoriasis _____

Current medication for psoriasis : _____ Dose: _____
(patient use their own medication during the treatment)

What creams does the patient use for treatment? _____

Is the patient having any other treatment? _____

Are there any signs of psoriasis arthritis? No _____ Yes _____

Further information on the psoriasis rashes

Type of rashes	Spreading					
	None				Very bad	
Guttate	0	1	2	3	4	5
Nummular plaques	0	1	2	3	4	5
Large plaques	0	1	2	3	4	5
Erythema	0	1	2	3	4	5
Scaling	0	1	2	3	4	5
Infiltration	0	1	2	3	4	5
Inverse psoriasis	0	1	2	3	4	5
Psoriasis arthritis	0	1	2	3	4	5

Request for special diet (only applies to patients staying at the hotel)? No _____ Yes _____

What: _____

Food intolerance? _____

Food allergy? _____

Other problems (t.d. mental, social or physical problems): _____

Drug abuse? No _____ Yes _____ Alcohol abuse? No _____ Yes _____

Smoking? No _____ Yes _____

Date: _____

Name of doctor: _____

Doctor's specialty: _____

Address: _____

Phone: _____

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