

**McLAREN FLINT  
FLINT, MICHIGAN  
DEPARTMENT OF PHYSICAL THERAPY  
ULTRAVIOLET EVALUATION FORM**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Dermatologist: \_\_\_\_\_ Referred for PUVA \_\_\_\_\_, UVB \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Onset of Diagnosis: \_\_\_\_\_ Recent Exacerbation: \_\_\_\_\_

History: \_\_\_\_\_ Current Level of Function: \_\_\_\_\_ Prior Level of Function: \_\_\_\_\_

Previous Ultraviolet treatment for this condition: PUVA \_\_\_\_\_ UVB \_\_\_\_\_ Topical PUVA \_\_\_\_\_

At this facility? yes \_\_\_\_\_, no \_\_\_\_\_ When? \_\_\_\_\_

Tanning facility? yes \_\_\_\_\_, no \_\_\_\_\_ When? \_\_\_\_\_ Where \_\_\_\_\_

Other facility? yes \_\_\_\_\_, no \_\_\_\_\_ When? \_\_\_\_\_ Where \_\_\_\_\_

Was previous treatment effective? yes \_\_\_\_\_, no \_\_\_\_\_

Social Living Situation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Current Medical Condition:

Dialysis? \_\_\_\_\_ Pacemaker? \_\_\_\_\_ CVA? \_\_\_\_\_ Claustrophobic? \_\_\_\_\_ COPD? \_\_\_\_\_ Poor Eyesight? \_\_\_\_\_

Dizziness? \_\_\_\_\_ CHF? \_\_\_\_\_ Other standing limitations/Fall Risk: \_\_\_\_\_

Light Sensitive Medications: \_\_\_\_\_

Oxoralen ultra \_\_\_\_\_ mg, 60 to 90 minutes before treatment.

Current topical medications used \_\_\_\_\_

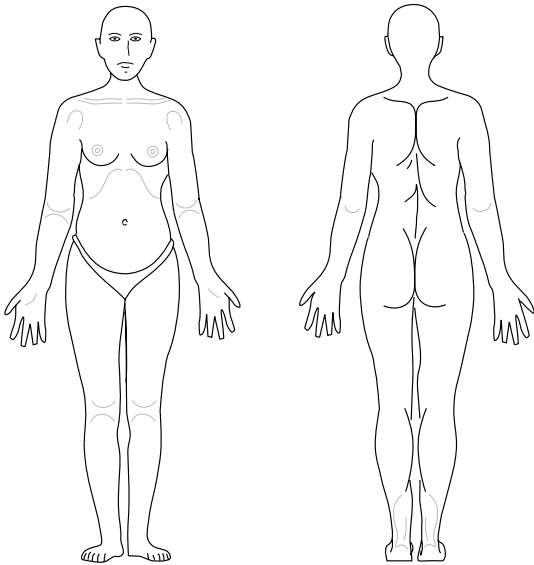
Pruritis Present: yes \_\_\_\_\_, no \_\_\_\_\_, Where? \_\_\_\_\_ Constant or Intermittent

Sleep Pattern: \_\_\_\_\_

Does natural sunlight improve lesions? yes \_\_\_\_\_, no \_\_\_\_\_ Don't get in the sun \_\_\_\_\_

Skin Type: I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_ IV. \_\_\_\_\_ V. \_\_\_\_\_ VI. \_\_\_\_\_

Does your skin: easily burn \_\_\_\_\_ sometimes burn \_\_\_\_\_ easily tans \_\_\_\_\_



**Area of Skin Affected:**

Severity:            minimal            moderate            severe

erythema            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

elevation            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

scale                \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

Pain 0 - 10: \_\_\_\_\_

Itching Intensity 0 - 10: \_\_\_\_\_

Present Body Coverage: 0-25% \_\_\_\_\_

25-50% \_\_\_\_\_, 50-75% \_\_\_\_\_ over 75% \_\_\_\_\_

Dermatology Life Quality Index: \_\_\_\_\_

Score: \_\_\_\_\_ % Disability: \_\_\_\_\_



PT.

MR.#/RM.

DR.

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Treatment this date: PUVA \_\_\_\_\_ joules/cm<sup>2</sup> x \_\_\_\_\_ minutes

UVB \_\_\_\_\_ min \_\_\_\_\_ sec

Topical PUVA; Lotion for 15 min to hands \_\_\_\_\_ feet \_\_\_\_\_ then \_\_\_\_\_ joules/cm<sup>2</sup> x \_\_\_\_\_ min \_\_\_\_\_ sec

Shield during treatment (Mandatory): Eyes \_\_\_\_\_ Genitals \_\_\_\_\_ Other \_\_\_\_\_

1. Patient education and instructed in side effects/precautions of UVB \_\_\_\_\_ PUVA \_\_\_\_\_ Topical \_\_\_\_\_ & Safety feature of booth \_\_\_\_\_

2. Patient instructed in use of goggles during treatment in booth \_\_\_\_\_

3. Patient instructed in use of solar shield glasses (PUVA patients) \_\_\_\_\_

4. Patient has solarshields \_\_\_\_\_, goggles \_\_\_\_\_ from previous ultraviolet treatment, reviewed instruction.

5. Reminded to apply SPF sunscreen after day of treatment: yes \_\_\_\_\_ no \_\_\_\_\_

Assessment: Clinical Impression

Short Term Goals: Lesions \_\_\_\_\_

1. Decrease scale in two weeks.

2. Decrease elevation in three weeks.

3. Decrease erythema in four weeks.

4. Decrease percent body coverage \_\_\_\_\_ in six weeks.

5. Decrease intensity of itching

6. Decrease frequency of itching

Long Term Goals: \_\_\_\_\_

The above goals were reviewed and agreed upon with the patient.

Patient Goals:

Plan of Care: Continue PUVA \_\_\_\_\_, UVB \_\_\_\_\_, Topical PUVA \_\_\_\_\_; \_\_\_\_\_ x per week for \_\_\_\_\_ weeks.  
Increase per treatment by \_\_\_\_\_ joules/cm<sup>2</sup> for PUVA, \_\_\_\_\_ seconds for UVB as tolerated.  
Maintain suberythema level.

(Physical Therapist)

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

Faxed to physician \_\_\_\_\_ (date) \_\_\_\_\_

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