

01 Summary	02 Lesions	03 Photos	04 Visit plan
------------	------------	-----------	---------------

Clinical Visit Pack for Persistent Skin Lesions

Use this pack to give your clinician a concise history of persistent or recurring skin findings, including findings you may describe as Morgellons. Record what you can observe and what you feel. Possible causes belong in the clinical discussion; this form does not establish a diagnosis.

Patient	Appointment date	Clinician

● What I need help with

My main concern in one or two sentences

History	Your notes
First noticed / pattern	When did this start? Continuous or recurring?
Areas affected	Where are lesions now? Where have they appeared before?
Symptoms	Pain, itch, stinging, burning, pressure, drainage, or other symptoms. Include severity and effect on sleep or daily life.
What I observed	Describe visible changes, including any material in or on the skin. Note whether the finding was seen before touching or treatment.

The three things I most want addressed today

Bring the full medication and supplement list, prior test reports, and a few dated photographs if available.

01 Summary	02 Lesions	03 Photos	04 Visit plan
------------	------------	-----------	---------------

● Lesion Timeline

Use one row for each lesion or episode that best shows the pattern. Approximate dates are fine. Include healing time and whether a new lesion appeared at the same site.

Date and site	Appearance and symptoms at onset	Change, treatment, and outcome
1.		
2.		
3.		
4.		

● Treatments and prior evaluation

Treatments tried, approximate dates, response, and adverse effects

Prior diagnoses, biopsies, cultures, or other relevant tests and where to obtain reports

Include all current prescriptions, over-the-counter medicines, topical products, vitamins, and supplements on a separate list. Do not stop prescribed treatment to prepare for an appointment.

● Photo Log

Choose a small set of dated images that shows the beginning, change, and current state of a lesion. Your clinician may ask for more. Keep the original image files and ask the office how to share them securely.

Photo ID / date	Body site / lesion ID	What changed since the prior image
A.		
B.		
C.		
D.		

● How to make the images useful

- Take an orientation image showing where the lesion is on the body, a comparison image with surrounding skin, and a clear close-up.
- Use even light and a plain background. Turn off filters and check focus. For a close-up, place a ruler or familiar object beside the lesion without covering it.
- Record the date, body site, and whether the image was taken before or after cleansing, dressing, or other manipulation. Do not disturb a lesion just to obtain a photograph.
- If you use magnification, record the device and stated magnification. A magnified image alone cannot establish what a structure is made of or where it originated.

Photo guidance adapted from the American Academy of Dermatology. Source listed on the final page.

● Questions and Visit Plan

Select the questions that fit your situation. Ask the clinician to document the visible findings and explain the plan in terms you understand.

- What do you see on examination, and which diagnoses or other causes are you considering?
- Would dermoscopy, a biopsy, a culture, or another test help in this case? What question would each test answer, and what would a negative result mean?
- If tissue sampling is appropriate, which lesion and technique would best address the clinical question? How and when will I receive the report?
- What is the wound-care plan for open or slow-healing areas? What should I avoid, and when should I contact you if a lesion worsens?
- What should we track before the next visit, and when should follow-up occur?

Findings and possible causes discussed

Tests or referrals planned, including who will contact me with results

Wound care, treatment, and follow-up date

Seek prompt medical care for rapidly spreading redness, fever or chills, worsening pain, warmth, swelling, or pus. A rash with breathing or swallowing trouble or swelling of the eyes or lips may require emergency care.

Sources and use

This organizer is not a diagnostic test or a substitute for medical care. Decisions about examination, sampling, treatment, and follow-up depend on the clinician's assessment.

American Academy of Dermatology, How to take pictures of your skin for your dermatologist:
aad.org/public/fad/digital-health/taking-pictures-skin

American Academy of Dermatology, What is a skin biopsy?: aad.org/public/diseases/a-z/what-is-skin-biopsy

MedlinePlus, Make the most of your doctor visit: medlineplus.gov/ency/patientinstructions/000860.htm

CDC, About cellulitis: cdc.gov/group-a-strep/about/cellulitis.html

American Academy of Dermatology, Signs your rash needs medical attention: aad.org/news/signs-your-rash-needs-medical-attention