



**KEMENTERIAN KESIHATAN MALAYSIA
PHYSIOTHERAPY DEPARTMENT
PHOTOTHERAPY ASSESSMENT FORM**

Name : Age:..... Sex: M / F R/N:..... Date:

DOCTOR'S DIAGNOSIS	
DOCTOR'S MANAGEMENT	
PROBLEM	
SKIN TYPE I II III IV V VI	
BODY SURFACE AREA Head / Neck / Face : 9 % Anterior Trunk : 18 % Posterior Trunk : 18 % Upper Limbs : 9 % x 2 Lower Limbs : 18 % x 2 Genital : 1 % Total :	CURRENT HISTORY
SPECIAL QUESTION General Health PMHX / Surgery Ix / MRI / X-ray Medication / Steroid Occupation / Recreation / Social History / Allergen	PAST HISTORY (relating to current problem)
	OBSERVATION
	PALPATION

PSORIASIS PHYSICIAN GLOBAL ASSESSMENT

Grade of Lesion : 0 1 2 3 4 5

Colour : No Redness Slight Pink Pink Red Dark Red

Thickness : No thickness Feels Firm Raised Thick Very Thick

Scaly : No Scale Slight Scale Scaly Flaky Very Flaky

Irritability : High / Medium / Low

PHYSIOTHERAPIST'S IMPRESSION

SHORT TERM GOALS

LONG TERM GOALS

PLAN OF TREATMENT

Attending Physiotherapist/Stamp

KEMENTERIAN KESIHATAN MALAYSIA
GUIDELINES FOR USE OF PHOTOTHERAPY REFERRAL

DIAGNOSIS

As in referral

MANAGEMENT

Brief conversation or operative management

PROBLEMS

What is the presenting problem?

(e.g: itchiness, skin appearance, psychological, quality of life, ADL)

SKIN TYPE

Based on Fitzpatrick's Skin Phototype and/or Phototest result on Minimum Erythema Dosage

BODY SURFACE AREA

Percentage according to patient's palm surface including thumb

Percentage on each part of limb

SPECIAL QUESTION

- General Health
General Unwell, may indicate systemic problem

- Past Medical History / Surgery
Other medical illness (e.g.: Diabetes, HPT)

- Investigation
X-ray, Blood Test, Skin Sample Test/Study, Genetic Study, Eye Test

- Medication
Oral / Topical / Steroid / Non-steroidal. Side effects of long term (e.g.: Relapse)

- Social History
Family History of any skin disease/problem, psychosocial impact
Infectious episode if any

- Allergen
External or/and Internal factors that will alter/change skin condition/improvement/reaction to therapy

BODY CHART

Marked on body chart with brief explanation – presenting complain: size, open wound, marked most worst area

CURRENT HISTORY

How did the disease occur? Details of onset, insidious or sudden onset, patient or family member.

When did it occur?

PAST HISTORY (RELATED TO CURRENT PROBLEM)

History of skin problem earlier with symptom similar to current presentation.

How long ago? Any treatment done? Or recovered spontaneously. Any history of photo-aggravated skin disease or another adverse reaction to sunlight or previous phototherapy.

OBSERVATION

- General
Body posture, Gait, movement quality, Mode of mobility
- Local
Colour, size of lesion, Thickness, Wounds, Scars, Scaly, Swelling

PALPATION

Warmth, Tenderness, Thickness

SKIN SEVERITY INDEX SCALE

- Grade of lesion (Based on Psoriasis Physician Global Assessment, PGA)

Score	Definition	Morphological Description
0=clear	Clear, except for residual discolouration	<ul style="list-style-type: none">• 0 (induration) = no evidence of plaque elevation• 0 (erythema) = no evidence of erythema, hyperpigmentation may be present• 0 (scaling) = no evidence of scaling
1 = minimal disease	Majority of lesions have individual scores for induration, erythema and scaling (IES) that average 1	<ul style="list-style-type: none">• 1 (induration) = minimal plaque elevation, ~0.5 mm• 1 (erythema) = faint erythema• 1 (scaling) = minimal ; occasional fine scale over less than 5% of lesion
2 = minimal disease	Majority of lesion have individual scores for induration, erythema and scaling (IES) that average 2	<ul style="list-style-type: none">• 2 (induration) = mild plaque elevation, ~1mm• 2 (erythema) = light red coloration• 2 (scaling) = mild, fine scale predominates
3 = moderate disease	Majority of lesion have individual scores for induration, erythema and scaling (IES) that average 3	<ul style="list-style-type: none">• 3 (induration) = moderate plaque elevation, ~1.5mm• 3 (erythema) = moderate red coloration• 3 (scaling) = moderate; coarse scale predominates
4 = severe disease	Majority of lesion have individual score for induration, erythema and scaling (IES) that average 4	<ul style="list-style-type: none">• 4 (induration) = marked plaque elevation, ~2mm• 4 (erythema) = bright red coloration• 4 (scaling) = marked; thick non-tenacious scale predominates
5 = very severe disease	Majority of lesion have individual score for induration, erythema and scaling (IES) that average 5	<ul style="list-style-type: none">• 5 (induration) = severe plaque elevation, ~2.5mm or more• 5 (induration) = dusky to deep red coloration• 5 (scaling) = very thick tenacious scale predominates

- Colour
- Thickness
- Scaly
- Irritability : Itchiness levels by patient's findings, frequency and severity
- Dermatology Life Quality Index

PHYSIOTHERAPY IMPRESSION

Add specific result and state the problem in order of priority.

SHORT TERM GOAL

The goal which are set according to priority. Add direct and correlation with problem. Must include the expected outcomes.

LONG TERM GOAL

The goals which are set based on patient goals and physiotherapist goals.

PLAN OF TREATMENT

Types of Phototherapy treatment: UVB (e.g.: BBUVB/NBUVB), UVA (e.g.: PUVA/UVA1/UVA2)
Record starting dosage, Previous/Current Visit therapy, Frequency of visit per week, and Patient Education

SIGN / STAMP/ DATE

Need to be filled by attending physiotherapist.