



Halton Healthcare

Halton Healthcare  
Oakville Site – UVB/Psoriasis Clinic  
O.P. Rehab Department  
Fax: 905-815-5109  
Phone: 905-338-4613

Patients Name:  
Address  
Phone #'s Home/Work/Cellular  
DOB  
HC #

Referred By: \_\_\_\_\_

Doctor's telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Patient has attended this clinic before: YES NO

Reason for light referral (please indicate)\*:

Psoriasis (non-scalp) Eczema Atopic Dermatitis

CTCL Mycosis fungoides Pruritus

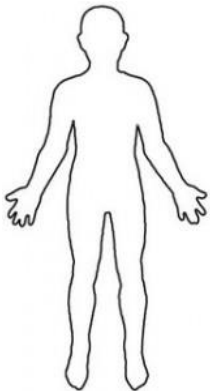
Vitiligo Other: \_\_\_\_\_

PMHx\*: Allergies\*:

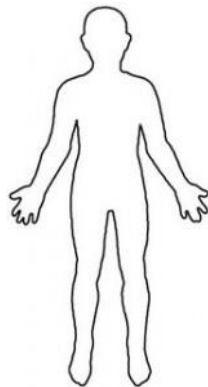
Medications Oral\*: Topical\*:

PHx assessment: MODERATE SEVERE

Patient must have 8-10 palm prints of Psoriasis



Front



Back

UVB: Full body Hands Feet

I confirm that the patient is ambulatory, can stand for a minimum of 5 minutes, and can attend 3x/week.

Physician's name: \_\_\_\_\_ Physician's signature: \_\_\_\_\_

\*Please provide any additional information on patient (i.e. medical history, previous Tx, etc.)