



Vitiligo Clinical Proforma

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Dr. _____

Date: _____

Name: _____

Age: _____

Sex: _____

Address _____

Marital status: Married/Single Religion: _____

Occupation: _____ Income: _____

Education: _____ Native Place: _____

History of illness

1. Age of onset: _____
2. Site of onset: _____
3. Duration: _____
4. Lesions: Number _____ Size: _____ Shape _____
5. Condition of hair: no/ black/ gray
6. Any associated symptoms: Itching/ burning/ pain
7. Mode of spread: Static/ growing/ receding
8. Use of any drugs before onset of illness

9. Aggravating factors: occupational/ hobbies/ trauma/ drug/
work/sunlight/ emotional factors/ menstruation/ pregnancy/ food/
cosmetics/ chemicals/ any
other: _____

10. What does the patient associate it with as
cause _____

11. Treatment: yes/ no Regular/ Irregular
12. Recovery: Some/ good/ poor/ no response
13. Sudden repigmentation: yes/ no
14. Local sensitivity (photo):

Appendix I

15. Associated diseases:

16. Family history

- A. 1st degree relatives: father/mother/sister/brother/daughter/son
- B. 2nd degree relatives: paternal grandmother/paternal grandfather/
maternal grandmother/maternal grandfather/maternal or paternal
uncles or aunts
- C. 3rd degree relatives: cousins/nephews/nieces

17. Personal history

Diet: veg/ nonveg/ ovoveg/ mixed

Routine food: _____

18. Habits: smoking/ tobacco chewing/ alcoholism

19. Types of vitiligo

- a. Generalized/ Localized
- b. Unilateral/ Bilateral
- c. Symmetrical/ Symmetrical
- d. Universal
- e. Acrofacial
- f. Segmental
- g. Focal
- h. Liptip vitiligo
- i. Trichrome
- j. Quadrichrome

20. Treatment:

21. Koebners phenomenon: Yes/ No

The purpose of the study has been explained to me. I.....
hereby agree to donate 5 ml of blood sample for the research purpose.

Signature of Patient

Date:

Appendix I