

# Skin Care: Patient Progress

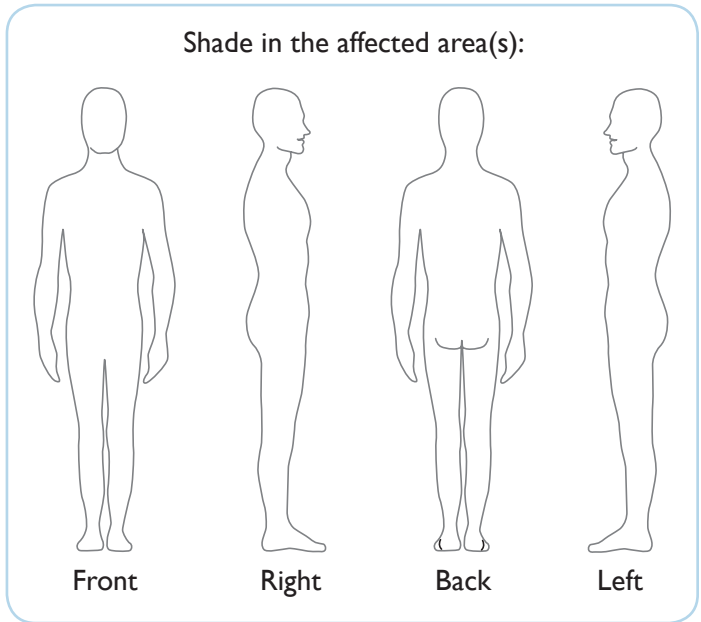
Room No: \_\_\_\_\_ Resident: \_\_\_\_\_  Male  Female

List all skin care products being used at the time of the initial evaluation (brand names of shampoos, soaps, lotions, bath oils, barrier creams, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Initial Evaluation Date: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

**Check each resident's condition(s) & describe:**

- Condition 1: **Dry scalp** (cradle cap or dandruff)  
Describe: \_\_\_\_\_  
\_\_\_\_\_
- Condition 2: **Dry scaly feet/lower legs**  
Describe: \_\_\_\_\_  
\_\_\_\_\_
- Condition 3: **Powdery dry skin or pruritis** (itching)  
Describe: \_\_\_\_\_  
\_\_\_\_\_
- Condition 4: **Reddened or excoriated skin**  
Describe: \_\_\_\_\_  
\_\_\_\_\_
- Condition 5: **Odor**  
Describe: \_\_\_\_\_  
\_\_\_\_\_
- Condition 6: **Other** \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_



List all APOLLO products to be used: \_\_\_\_\_  
 \_\_\_\_\_

**Date Apollo products started:** \_\_\_/\_\_\_/\_\_\_ **Note:** Reviews are to be done weekly over a 4 week period. If a resident's targeted condition is cleared up during the study, further reviews are not needed for that condition.

**Circle the condition number & indicate progress** under each: **NC** (No Change), **I** (Improved), or **C** (Cleared Up)

1 <sup>st</sup> Review: Date: ___/___/___	By: _____	Condition(s):	1	2	3	4	5	6
Comment on each condition: _____			_____	_____	_____	_____	_____	_____
2 <sup>nd</sup> Review: Date: ___/___/___	By: _____	Condition(s):	1	2	3	4	5	6
Comment on each condition: _____			_____	_____	_____	_____	_____	_____
3 <sup>rd</sup> Review: Date: ___/___/___	By: _____	Condition(s):	1	2	3	4	5	6
Comment on each condition: _____			_____	_____	_____	_____	_____	_____
4 <sup>th</sup> Review: Date: ___/___/___	By: _____	Condition(s):	1	2	3	4	5	6
Comment on each condition: _____			_____	_____	_____	_____	_____	_____
Summary and Comments: _____ _____								

Use Back of Sheet for Additional Comments