

Patient Details

Name:

DOB

ADDRESS:

PHONE:

EMAIL:

Regions Affected by Sweating

Underarms

Head/Face

Hands

Feet

Generalised

Other

Region MOST affected by Sweating

Treatments previously trialled for Hyperhidrosis

Antiperspirants

Iontophoresis

Medications

Referring Doctor Details

Date

Stamp:

Name:

Provider No:

Signature: