

Patient Record Number: _____



Registration form: To all participating medical practitioners and practice nurses, please kindly fill in this form for all consented patients with impetigo and those who do not meet the exclusion criteria:

- | | |
|---|---|
| 1. <2 years | 6. Allergy to Mupirocin, hydrogen peroxide, soft white paraffin |
| 2. ≥ 4 skin lesions | 7. Currently on antibiotics or using topical treatment in the last 48 hours |
| 3. Systemically unwell (e.g. fever, nausea, vomiting) | 8. Underlying skin disease (e.g. eczema, scabies) |
| 4. ATSI background | 9. Immunocompromised |
| 5. Lesions unable to be covered with dressing | 10. Significant language barrier |

Date: _____

Consent Form Completed

Yes ☐ No ☐

Demographic

Patient Age (years): _____

Patient Gender: Female ☐ Male ☐ Other ☐

Ethnicity: _____

Occupation: _____

Smoker ☐ Non-smoker ☐

Co-morbidities (e.g. diabetes, PVD):

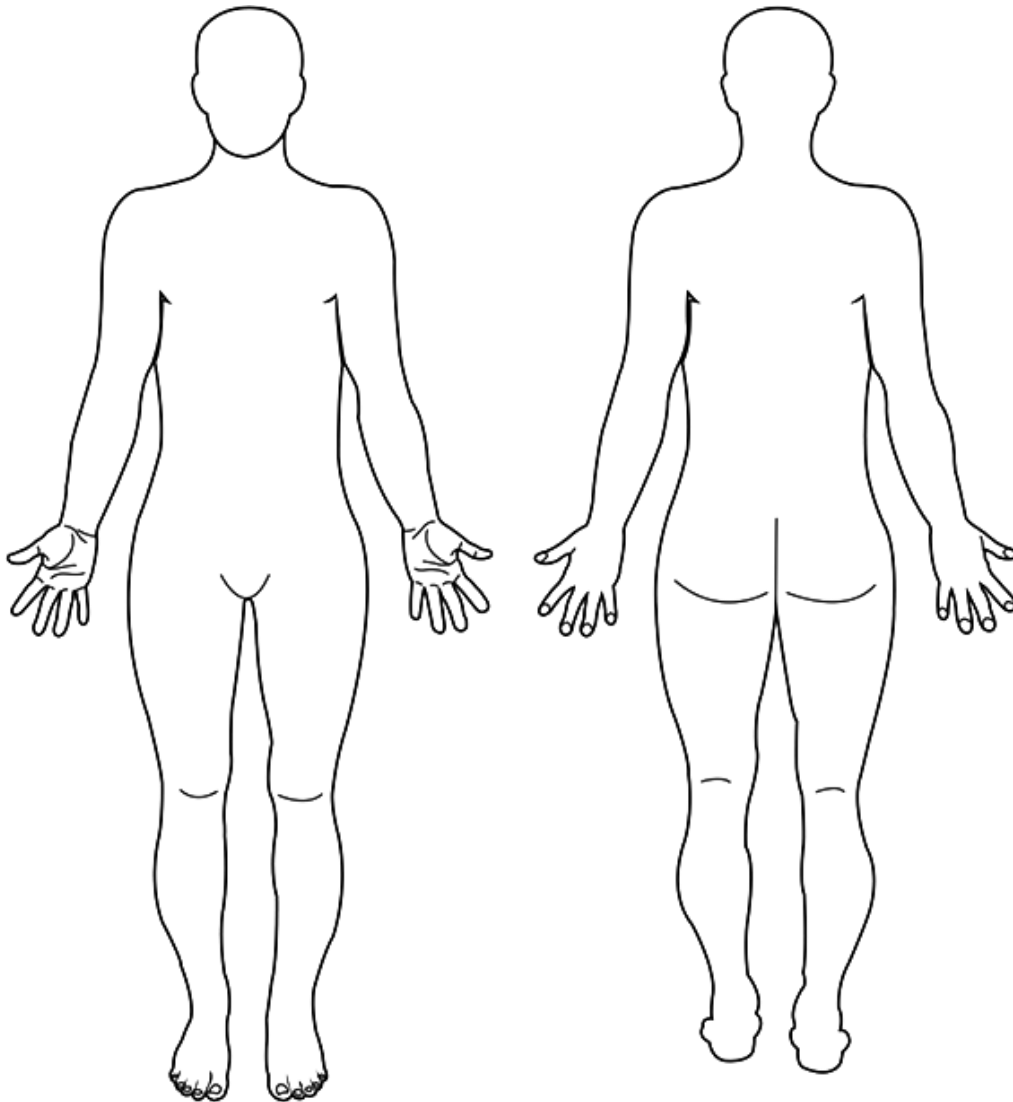
Current medications:

Patient Record Number: _____



Symptoms

1. Number of lesions: _____
2. Site of lesions



Treatment Allocation (envelope number): _____

Baseline Photo File #: _____

Wound Swab MCS taken: Yes ☐ No ☐

Verbal Treatment Explanation: Yes ☐ No ☐

Treatment Diary given: Yes ☐ No ☐

Patient Record Number: _____



Review Appointment

Date: _____

Improved: ☐

Decrease in size of affected area or number of lesions or both such that no further treatment is required.

Not Improved: ☐

Further treatment required.

Details:

Reviewed early: ☐

Date

Reason (e.g. adverse reaction, not improved – fill in above):

Adverse reaction: ☐

Details: _____

Review Photo File #: _____

Culture: _____

Sensitivities (resistance if any):

Treatment Diary returned: ☐