

# CLINICAL SKIN MORPHOLOGY CHART

Form ID: DERM-004

Patient Name:

DOB:

Date:

<b>Morphology Component</b>	<b>Clinical Presentation (Check all that apply)</b>
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<b>Primary Lesion</b>	Macule (<1cm)
	Patch (>1cm)
	Papule (<1cm)
	Plaque (>1cm)
	Vesicle (<1cm)
	Bulla (>1cm)
	Nodule
	Pustule
	Wheal

<b>Secondary Changes</b>	Scale
	Crust
	Erosion
	Ulcer
	Fissure
	Atrophy
	Excoriation
	Lichenification
	Scar

**Morphology Component**

**Clinical Presentation (Check all that apply)**

**Distribution & Arrangement**

Linear

Annular

Targetoid

Zosteriform

Herpetiform

Symmetrical

Acral

Sun-exposed

Generalized

**Color & Border**

Color(s):

Border Description (Well-defined vs Ill-defined):

Primary Lesion Sketch  
Anatomical Location Mapping

Clinical Impression / Notes:  
Examiner Signature  
Credentials