**CASE RECORD FORM**

Sr. No.: Myco no.

Name of Patient :

Age: OPD/Registration no:

Sex: Ward no./Unit:

Tel. No.: DOA:

Occupation: DOD/DOE:

Presenting complaints: Duration:

No. Of nails involved:

RIGHT LEFT

Fingernail: Thumb/Index/Middle/Ring/Little

Duration:

Toenails: Great toe/2nd Toe/3rd Toe/4th Toe/5th Toe

Duration:

MORPHOLOGY OF MAXIMALLY AFFAECTED NAIL:

RIGHT LEFT

-Thickening nail plate

-Subungual hyperkeratosis

-Opacity

-Crumbling nail plate

-Total destruction of nail plate

-Discolouration: white/yellow/green/black/other

-Whitish discoloration is powdery:-Yes/No

-Cracking of nail plate

-Ridging of nail plate

-Onycholysis (lifting of nail plate)

White Patches on nail(WSO)Powdery/not powdery:

-Pitting of nail plate:

-Scarring of nail plate

-lamellar splitting

Place where symptom started:

Place of visit 6 months prior to development of symptoms:

NATURE OF WORK:

Associated with water/Wet food/flour/fish/soap/Chemical/other

PERSONAL HYGENE:

Daily bath : Yes/No

No of times/week or day

Type of soap used:

If foot nail involved-

Type of footwear-Plastic/leather/Rexin/Other

Closed shoes/Open toed

Socks: Yes/No

Sharing of footwear: Yes /No

Sharing of Socks: Yes /No

Swimming: Yes/No

Contact with animals/Pets: Yes/No, If Yes, Dog/Cat/Goat/Cattle/Avian

Addiction: Tobacco chewing/smoking/alcohol/drugs/iv drugs/other

Associated diseases/condition:

Diabetes mellitus/Cushing syndrome/Atopy/other(specify)/Immunocompromised condition(specify )/Chemotherpy(Specify )Malnutrition/ other.(details )

Family history:

H/O Similar disease /Other dermatophytosis in family(specify ) in brother /Sister/Father/Mother/other

Common washing,use of clothes/beds/soaps/nail cutter

H/O thumb sucking / nail biting

H/O corticosteroid treatment >15 days (specify duration )

Broad spectrum antibiotic >5 days(specify duration )

Immunosuppressive drugs(specify duration )

H/O repeated nail trauma

cutting of finger nail :blade/scissors/nail cutter

socioeconomic status: low /middle/ high

contact with soil: routine/gardener/farmer/house gardener/ others

alternative medications tried: ayurvedic /homeopathic/unani/siddha

GENERAL EXAMINATIONS

Nutritional status:

Anaemia

Report of lab investigation :

Local Examination:

No. Of nails involved:

Duration:

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Microbiological Investigation:

KOH Mount:

**·**Fungal Hyphae :Present /Absent

If Present;Morphology:

Hyaline/Pigmented/Orthospore/Fronds

**·**Yeast: Present /Absent

If Present;Morphology:

Budding/Pseudohyphae/Ascospores

**·**Bacterial clusters : Present /Absent

KOH/DMSO Mount :

CULTURE :

SA SAA

1st week

2nd week

3rd week

4th week

Colony Morphology :

Culture Follow Up :

Slide Culture :

Special Test :

Repeat nail clippings: Date:

Id No.: