

# Psoriasis Treatment Progress Report

## Patient Information

Name:

Date:

Date of Birth:

Medical Record #:

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## Treatment Details

Current Treatment:

Start Date:

Dosage / Frequency:

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## Progress & Response

Symptom Changes:

PASI / BSA Score:

Adverse Effects:

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## Assessment & Plan

Physician Notes:

Next Steps:

Provider Name:

Signature:

Date: