

PASI calculation and body diagram – face, hand and foot

medicare



Complete this form if your patient has severe chronic plaque psoriasis of the face, or the palm of a hand, or the sole of a foot.

Patient's details

Medicare card number

Ref no.

or

Department of Veterans' Affairs card number

Family name

First given name

Date of birth (DD MM YYYY)

Prescriber's details

Prescriber's name

Date of assessment (DD MM YYYY)

Privacy notice

Personal information is protected by law (including the *Privacy Act 1988*) and is collected by Services Australia for the purposes of assessing an authority application. Personal information may be used by Services Australia, or given to other parties where the individual has agreed to this, or where it is required or authorised by law (including for the purpose of research or conducting investigations). More information about the way in which Services Australia manages personal information, including our privacy policy, can be found at servicesaustralia.gov.au/privacypolicy

Prescriber's declaration

I declare that:

- I have informed the patient that their personal information (including health information) will be disclosed to Services Australia for the purposes of assessing and processing this authority application
- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

A Psoriasis Area and Severity Index (PASI) is a quantitative rating scale for measuring the severity of psoriatic lesions based on area coverage and plaque appearance.

Body region						
Indicate the degree of involvement of the body region surface as a percentage	Face	Right Palm	Left Palm	Right Sole	Left Sole	
	%	%	%	%	%	%
OR						
Clearly indicate the plaque characteristics for each body region by completing the scoring table and marking the affected areas on the diagrams below.						
Plaque characteristic	Rating score	Face	Right Palm	Left Palm	Right Sole	Left Sole
Erythema	0 = None	Score:	Score:	Score:	Score:	Score:
	1 = Slight	Score:	Score:	Score:	Score:	Score:
Thickness	2 = Moderate	Score:	Score:	Score:	Score:	Score:
	3 = Severe	Score:	Score:	Score:	Score:	Score:
Scaling	4 = Very severe	Score:	Score:	Score:	Score:	Score:

Mark clearly on the diagrams the extent of the affected area(s)

