

Patient History Form

Owner

Last Name: _____

First Name: _____

Patient

Dog Cat Male Female Castrated/Spayed

Name: _____

Birthdate (DD,MM,YYYY): _____

Presenting complaint:

When did this problem begin?

The Problem is Seasonal Year-round/constant Now year-round, but was seasonal New

Is there a time when the symptoms are **less** severe? If yes, when? _____

Are the symptoms worse: Indoors Outdoors Other _____

Mornings Evenings Other _____

Symptoms:

What were the first signs of the skin problem?

Hairloss Itch Pimples Crusts Redness Other type of rash

Which body areas were initially affected?

Nose Snout Ear(s) Around eyes Neck Chest Armpits
 Back Rump Tail Abdomen Genital area Front legs Front paws
 Back legs Back paws Inner thighs

Does your pet now scratch, bite, lick or rub any of the following areas?

Nose Snout Ear(s) Around eyes Neck Chest Armpits
 Back Rump Tail Abdomen Genital area Front legs Front paws
 Back legs Back paws Inner thighs

Has the problem worsened? If yes, how? _____

Does your pet have the following symptoms? If yes, how often ie: how many times per hour, day, week, etc and since when?

Cough Sneezing/Nasal discharge Diarrhea Vomiting
 Increased urinations (frequency or volume) Increased water intake (frequency or volume)
 Decreased appetite Increased appetite Lameness Flatulence (gas)
 Other _____

Please Turn The Page

Household/Environmental details:

What percentage of the time is your pet indoors versus outdoors? (0-100%) Indoors _____% Outdoors _____%

- Do you have any other pets? (What type/How many?) _____
- Are your other pets similarly affected? _____
- Are any people in the house affected? _____
- Has your pet traveled out of the country? If so where and when?

Flea prevention und Bathing

- I use regular spot-on or oral flea/tick prevention. If yes, how often and which product(s)?

- I have treated the house/yard for insects. If yes, how often and which product(s)? _____
- I bathe my pet regularly.
Frequency _____ Shampoo(s)/Conditioner _____

Diet

Which pet food(s) do you feed currently?

Which supplements, vitamins, and/or pet treats do you give currently?

How many times per day does your pet defecate? Check all that apply since there can be day to day variations in number.

- 1x 2x 3x 4x More than 4x

Medikamente

Please list **ALL** medications your pet is receiving (or has received) to treat the skin disease

Please list the name of the medication(s), dose, frequency of administration, and dates of administration

(ex: Cefalexin 600mg, 1 tablet twice daily from April 10-April 20, 2011)

Have the symptoms improved with medications? yes no

If yes, which medication(s) help the most? _____

Does your pet have any medication intolerances or history of drug reactions/drug allergy?

Does your pet have any non-dermatological disease(s) that we should be aware of?

Other information for our Dermatologists: