

Dermatology History

Your appointment is with:

Date: _____ Time: _____

If you need to reschedule, kindly give 24 hours notice.

We know that you are busy and promise to always respect your time. By completing this patient questionnaire prior to your appointment, our staff can ensure that all of your concerns are addressed.

Please take your time completing this history and answer as completely and accurately as possible. It may be helpful for you to read through the form, observe your pet for several hours or days and then complete the form.

Please make note of any questions you may have for our staff.

Thank you.

Pet's Name: _____

Medical Record # _____

Section 1: Chief Complaint

What are we seeing your pet for today?

Section 2: History

Approximate date problem was first noticed?

Where on the body did the problem initially begin?

What did the problem initially look like?

Has the problem gotten worse since it was first noticed? Yes / No If yes, describe how.

Has the problem ever been seasonal? Yes / No If yes, when is/was the problem worse?

Is the problem still seasonal? Yes / No

Is the problem worse: Indoors / Outdoors / No Difference

Night / Morning / No Difference

Section 3: Medications

List your pet's current medications, including heartworm preventative:

Do you use a flea preventative? Yes / No If yes, list:

What medications have you tried for the current problem? Please list the medication and if it helped the problem.

Section 4: Bathing/Grooming

How often is your pet bathed per month? _____ Groomed? _____

Date last bathed? _____

Shampoo(s)/Conditioner(s) used: _____

Does bathing help the problem? Yes / No

Section 5: Home Environment

Where does your pet live? Urban / Suburban / Rural

What % of time does your pet spend indoors _____ outdoors _____

Describe your pet's indoor environment, including where your pet likes to sleep (room in house and bedding):

Describe your pet's outdoor environment (i.e. grassy yard, multiple trees, paved kennel run):

Section 6: Diet

Try to remember everything your pet has eaten in the past 24-48 hours.

Dry Food:

Canned Food:

Treats & Edible Toys

Table Scraps

Supplements

Other

Have you changed your pet's diet at all in the past 3 months? Yes / No. If yes, what else was fed?

Section 7: Miscellaneous

Are there any other animals in your home? Yes / No

If yes, please list. Also, note if they suffer the same problems.

Do any humans in the home suffer from skin problems? Yes / No If yes, please list condition(s):

Has your pet traveled out of the state recently? Yes / No

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