PATIENT HISTORY

Dermatology Center for Animals
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Patient Name: ____________________

Species: ____________ **Breed:** ____________

Sex: ____________ **Age:** ____________

Weight: ____________ **Color:** ____________

Patient Owner: ____________________ **Phone:** ____________

Street Address: ____________________

City: ____________ **State:** ________ **Zip Code:** ________

What skin problems does your pet have?

- ☐ Itch (scratching, licking, chewing, excessive grooming)
- ☐ Hair loss
- ☐ Persistent infections, rashes, scabbing or sores
- ☐ Toe nail problems

How old was your pet when these problems began?

- ☐ Less than 6 months of age
- ☐ Less than 1 year of age
- ☐ 1 - 3 years of age
- ☐ Greater than 3 years of age (please specify): ________

How long have these problems been present? ____________________

Is your pet itchy
On a scale of 1 - 10 (1 = normal, 10 = severely itchy), how itchy is your pet?

- ☐ Feet ________
- ☐ Face ________
- ☐ Back ________
- ☐ Abdomen ________
- ☐ Ears ________
- ☐ Scooting (rear) ________
- ☐ Other: ____________ ________
- ☐ Other: ____________ ________
- ☐ Other: ____________ ________

Is your pet's itch present year round? ☐ **YES** ☐ **NO** **Has your pet lived in another state?** ☐ **YES** ☐ **NO**

Is your pet's itch worse during certain seasons? Please check (spring / summer / fall / winter)

☐ **SPRING** ☐ **SUMMER** ☐ **FALL** ☐ **WINTER**

PREVIOUS TESTING

Has your pet had prior tests performed for the current problem? Check all that apply:

- ☐ Skin scrapings
- ☐ Skin biopsy
- ☐ Skin culture
- ☐ Allergy testing
- ☐ X-rays or CAT scan

Lab work:
- ☐ Blood work (CBC / Chemistry)
- ☐ Thyroid testing
- ☐ Cushing's testing
- ☐ Urinalysis
- ☐ FeLV / FIV (cats)

TREATMENT HISTORY

Has your pet received or been prescribed any of the following? Check all that apply:

☐ **Antibiotics:** *(Please list names)* ____________________
____
____
____

☐ **Anti-fungals**

☐ **Bathing / topicals**
- ☐ Shampoos: (# _____ per week / # _____ per month)
- ☐ Sprays / wipes: (# _____ per week / # _____ per month)

Antihistamines:
- ☐ Benadryl (diphenhydramine)
- ☐ Zyrtec (cetirizine)
- ☐ Chlortrimenton (chlorpheniramine)
- ☐ Atarx (hydroxyzine)
- ☐ Claritin (loraditine)
- ☐ Tavist (clemastine)
- ☐ Other: ____________

PATIENT HISTORY (CONTINUED)

Allergy Vaccine: ☐ **YES** ☐ **NO** How long was the vaccine given? ____________________

How often was the vaccine given? ____________________

Steroids: ☐ **YES** ☐ **NO** When was last dose given? ____________________

What form was given? ☐ Injection ☐ Pills Did it help? ☐ **YES** ☐ **NO**

Side effects noted: ____________________

Atopica: ☐ **YES** ☐ **NO** Did it help? ☐ **YES** ☐ **NO**

Side effects noted: ____________________

Apoquel: ☐ **YES** ☐ **NO** Did it help? ☐ **YES** ☐ **NO**

Side effects noted: ____________________

Does your pet suffer from ear infections? ☐ **YES** ☐ **NO** **Do you clean your pets ears?** ☐ **YES** ☐ **NO**

If YES, how often do you clean them? ____________________

Does your pet show any of the following signs at home? Check all that apply:

- ☐ Increased drinking
- ☐ Panting
- ☐ Frequent vomiting
- ☐ Increased urination
- ☐ Weight gain
- ☐ Increased appetite
- ☐ Weight loss

Has a strict (prescription) diet trial been attempted? ☐ **YES** ☐ **NO**

What diet(s) have been tried? *(Please list all)* ____________________

____

Please check the brands / products used:

- ☐ Frontline
- ☐ Frontline Plus
- ☐ Advantage
- ☐ Advantage Multi
- ☐ Advantix
- ☐ Seresto Collar
- ☐ Revolution
- ☐ Comfortis
- ☐ Trifexis
- ☐ Heartgard
- ☐ Other: ____________________
- ☐ Other: ____________________

How often is heartworm preventive given?

- ☐ Monthly
- ☐ Seasonally
- ☐ Not given

How often is flea / tick preventive given?

- ☐ Monthly
- ☐ Seasonally
- ☐ Not given

Where does your pet spend most of their time?

- ☐ Indoors
- ☐ Outdoors
- ☐ Equally indoors and outdoors

Do you have any other pets in the house?

- ☐ Dog(s)
- ☐ Cat(s)
- ☐ Other

Do these animals exhibit any similar skin problems? ☐ **YES** ☐ **NO**

Medical History

Does your pet have any of the following medical conditions?

- ☐ Heart condition / murmur
- ☐ Diabetes
- ☐ Hypothyroidism
- ☐ Cushing's disease
- ☐ Seizures
- ☐ History of pancreatitis
- ☐ Kidney disease