

## DERMATOLOGY NEW PATIENT HISTORY FORM

Date: \_\_\_\_\_

Pet Name \_\_\_\_\_ Age now \_\_\_\_\_ Age when problem started \_\_\_\_\_

Primary concern/ problem \_\_\_\_\_ Duration \_\_\_\_\_

Other pets/animals in the household: \_\_\_\_\_

Are any in-contact pets/humans affected by this condition or possibly related problem? YES or NO

Are any littermates to this affected pet demonstrating similar problems? YES or NO

Has your pet always lived in this area? YES or NO

What was the first thing you noted when problem started? (itch, scratch, rash, red skin, scale, crust, etc.) \_\_\_\_\_

Where on the body did the problem start?

____ Nose	____ Neck	____ Under tail	____ Chest
____ Around eyes	____ Top of back	____ Front legs	____ Nails
____ Mouth/muzzle	____ Rump	____ Back legs	____ Tail
____ Ears/ear flaps	____ Sides of trunk	____ Front paws	____ Back paws
____ Abdomen/stomach	Other _____		

Has the problem spread? YES or NO . If yes, to what body site(s): \_\_\_\_\_

Does your pet itch? YES or NO (ITCH = licking, biting, scratching, chewing, rubbing, rolling) Where?

____ Nose	____ Neck	____ Under tail	____ Chest
____ Around eyes	____ Top of back	____ Front legs	____ Nails
____ Mouth/muzzle	____ Rump	____ Back legs	____ Tail
____ Ears/ear flaps	____ Sides of trunk	____ Front paws	____ Back paws
____ Abdomen/stomach	Other _____		

Severity of itch/irritation(circle):(rare/normal) 0 1 2 3 4 5 6 7 8 9 10 (severe)

If there is a rash or lesions on skin/ears, did ITCH start before rash? Did RASH start before itch? (circle)

Is itch present 12 months of the year? YES or NO . If no, what months does your pet itch? \_\_\_\_\_

Is itch worse INDOORS or OUTDOORS or NO DIFFERENCE? How much time does your pet spend outdoors in terms of percentage of the day? \_\_\_\_\_

Is there hair loss? YES or NO. If Yes, Where? \_\_\_\_\_

Is hair loss from scratching? YES or NO or JUST FALLS OUT Does hair grow back? YES or NO

What does your pet eat? Current food: \_\_\_\_\_

Treats/snacks: \_\_\_\_\_ Previous diets fed: \_\_\_\_\_

How do you give your pets oral medications? \_\_\_\_\_

Pet's appetite NORMAL, INCREASED, or DECREASED Pet's activity level NORMAL or DECREASED

List medical problems other than skin disease \_\_\_\_\_

List any and all previous adverse reaction(s) to medications or other treatments \_\_\_\_\_

Have Steroids been used for treatment of this condition (or other condition)? YES or NO

Name	Dose	Frequency	Route	Duration	Does it help (% improved)
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Date and name of last steroid administration (oral, injection, skin or ears) or current \_\_\_\_\_

Have Antibiotics or Antifungals been used for treatment of this condition? YES or NO

Name	Dose	Frequency	Duration	Does it help? (% improved)
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Date and name of last antibiotic or antifungal administration or current \_\_\_\_\_

Have Antihistamines been used for treatment of this condition? YES or NO

Name	Dose	Frequency	Duration	Does it help? (% improved)
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Date and name of last Antihistamine given or current \_\_\_\_\_

Have Fatty acids been uses or given? YES or NO

Name	Dose	Frequency	Duration	Does it help? (% improved)
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1. \_\_\_\_\_

2. \_\_\_\_\_

Date and name of last **fatty acid** given or current \_\_\_\_\_

Other Vitamins or Supplements \_\_\_\_\_

What medications or and/or cleaners are or have been put into the **ear canals**?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How often is your pet bathed? \_\_\_\_\_ When was last bath? \_\_\_\_\_ Groomer? YES or NO

List shampoos and/or conditioners, sprays, wipes, creams etc., used now or in past and frequency

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Flea control products used \_\_\_\_\_ How often \_\_\_\_\_ Year round? YES or NO

Heartworm prevention used \_\_\_\_\_ How often \_\_\_\_\_ Year round? YES or NO