Dermatology Service Client History Form

In order to better manage and diagnose your pet's skin disease, a complete history is essential for a thorough dermatology examination. Please take the time to fill out the following history form in as much detail as possible.

Date______________

Pet's name_____________

1. Describe your pet's skin problem (check all that apply)
a. Scratching, chewing, biting, rubbing, licking skin ( )
b. Ear infections ( )
c. Hair loss WITHOUT itching ( )
d. Hair loss WITH itching ( )
e. Scabs, pimples, red bumps (skin infection) ( )
f. Excessive dandruff, flaking, dry skin ( )
g. Greasiness of skin ( )
h. Nail infections/ losing nails ( )
i. Other- please list ( ) ____

2. Was itching the first sign of your pet's skin disease that you noticed?
Yes ( ) No ( )
If NO, what was the first sign of the skin problem you noticed?____

3. How long has your pet had skin and/or ear problems? ___ days/ weeks/months/years.
(Insert number and circle appropriate time)

4. Was the problem's onset gradual or sudden?
Describe____

5. On a scale of 1-10, with 1= occasional or 10% of time pet scratching/chewing and 10= severe, constant, 100% of time pet scratching/chewing, how would you rate your pet's level or itchiness now? (Circle number from 1-10): 1 2 3 4 5 6 7 8 9 10

6. Where does your pet scratch/bite/chew/lick/rub the most? (Check all that apply):
Ears ( ), Face ( ), neck ( ), legs ( ), rump/tail ( ), underside ( ), groin/inner thighs ( ), paws ( ), anal/genital area ( ), other ( ) __________________________________.

7. Has your pet always lived in this part of the country?   Yes ( )   No ( )
If no, where did you live before and when did you move?
____

8. Has your pet traveled to other states/ countries?   Yes   ( )   No ( ).
If yes, please list the dates and places of travel____

9. How much of the day does your pet spend inside the house?
____

How much of the day does your pet spend outside the house?____

10. Describe the indoor environment of your pet (such as pet's bedding, where he/she sleeps, etc.)
____

11. Describe the outdoor environment as much as possible (such the grasses, trees, weeds, wooded areas, etc.)____

12. Is the skin problem intermittent ( ) or continual ( )?

13. Is there a relationship between the severity of your pet's skin condition and the season of the year? Yes ( )   No (   ). If yes, please check the time of year that the problem is the worst: spring ( ), summer ( ), fall ( ), winter ( ).
Please list the month that the skin problem begins _____________ and ends _________.

14. Do you have any other pets at home? Yes ( ), No ( ). If yes, please list all pets____.

15. Do any of your other pets have a similar skin condition? Yes ( ), No ( ), does not apply ( ).

16. Has any person in the household had any skin problems since your pet started having skin problems? Yes ( )   No ( ).

17. Have you noticed any fleas on your pet recently? Yes (   )   No (   ).

18. What flea prevention do you use for your pet (K9 Advantix®, Vectra 3D®, Frontline Plus®, Advantage®, Revolution®, Capstar®, Comfortis®, Top Spot®, Hartz®) ?
____

How often do you apply this product? _______________________________.
When was this product last applied? __________________________.
Do you use flea prevention seasonally ( ) or year round ( )?

19. What treatments has your pet received for his/her skin problem? Check all that apply and list or circle names if possible. Please be as detailed as possible:
a. ( ) antibiotics (list name, dose, duration of treatments)____
b. ( ) oral steroids (prednisone, triamcinolone, methylprednisolone, dexamethasone)____
c. ( ) Steroid injections (depo-medrol, vetalog)_________________________________
d. ( ) antihistamines (hydroxyzine [Atarax®], Benadryl®, chlorpheneramine[Chlortrimeton®])____
e. ( ) Essential fatty acids/ fish oils (Derm caps®, 3-V caps®, vegetable oils)____
f. ( ) Anti-mite injections, ivermectin______________________________________
g. ( ) Ear medications and cleaners (please list)
____
h. ( ) Other medications, herbal remedies____

20. Do you shampoo your pet regularly? Yes ( ) No ( )
If yes, please list shampoo name and frequency of bathing_________________________

21. What medication is the most effective in controlling your pet's skin problem?____

22. Please describe your pet's current diet including brand names, protein source (flavor), any table foods, treats, vitamin supplements, or rawhide chews.____________________

23. Has your pet been on a prescription diet or elimination diet for his/her skin problems?
Yes ( ) No ( )
If yes, please list diets and length of diet trial_____________________________________
Was this elimination diet 100% strict (no other foods, treats, flavored medications given)? Yes ( ) No ( )
Do you brush your pet's teeth? Yes ( ) No ( )
Do you give your pet joint supplements (Cosequin®, Dasaquin®)? Yes ( ) No ( )

24. For dogs: Has your pet been blood tested negative for heartworm disease within the last 6 months? Yes ( ) No ( )
What heartworm prevention is your pet currently on (Interceptor®, Heartgard®, Triheart®, Sentinel®, Revolution®, Advantage multi®)?
(list)_________________________
Is this medication given seasonally or year round? (Circle)

25. For cats: Has your cat been tested negative for feline leukemia (FeLV) and feline immunodeficiency virus (FIV or feline AIDS virus)? Yes ( ) No ( ).

26. Does your pet have any previously diagnosed medical or surgical problems unrelated to the skin disorder? Yes ( ) No ( ).
Please describe:____

27. Any change in appetite ( ), energy level ( ), urination ( ), defecation ( ) - check all that apply.

28. If yes to question #26-27, is your pet currently receiving any medications for the above disorder? Yes ( ) No ( )
If yes, please list medications______________________________________

29. What diagnostic tests have already been performed?
a. Complete blood work (CBC/Chemistry profile/ thyroid panel, ACTH stimulation test)- circle all that apply
b. Skin biopsy? Yes ( ), No ( )
c. Allergy testing: blood allergy test- Yes ( ), No ( )
Skin allergy testing- Yes ( ), No ( )

30. Has your pet previously received allergy vaccines or is currently on allergy vaccines? Yes ( ), No ( )
IF YES, how often do you administer the vaccine and when was the last dose?____

Thank you for taking the time to complete this form. Please let the receptionist or nurse know that you have finished your form prior to your appointment.