

DERMATOLOGIC HISTORY

Memphis Veterinary Specialists and Emergency

We would appreciate your cooperation in providing us with the following information. Please circle the appropriate response(s) or use the spaces provided.

Client Name: _____ Patient Name: _____

1. Describe your pet's skin problem. _____

2. When did the problem first appear? _____

3. Was the onset gradual or sudden? _____

4. Describe the problem as it first appeared. _____

5. What parts of your pet were first affected? _____

6. Has your pet always lived in this part of the country? YES NO

If you answered, "no" please explain. _____

7. From where did you obtain your pet? _____

8. How long have you had your pet? _____

9. Where does your pet spend most of its day?

INDOORS OUTDOORS IN and OUT

10. Describe the indoor environment of you pet (such as pet's bedding, where it sleeps) _____

11. Describe the outdoor environment (grasses, weeds, wooded areas, etc.) _____

12. Which of the following best fits your pet's skin problem?

INTERMITTENT 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 explain. _____

14. Which of the following does your pet do excessively (circle more than one if applicable)?

CHEW BITE LICK RUB SCRATCH NONE

All of these are signs of itching; please rate the level of itching on a scale of 1-10 with 10 being severe. _____

15. If present, what are the primary areas that your pet licks, chews, rubs, or scratches? _____

16. Was itching the first sign of your pet's skin disease that you noticed?

YES NO

If "no," please write the first signs noticed. _____

17. Has your pet ever had ear problems? YES NO

If "yes," please explain. _____

18. Do you have any other pets? YES NO

Please list any other pets. _____

19. Do any of the other pets have similar skin conditions? YES NO

20. Do any pets in the neighborhood have a similar problem? YES NO UNSURE

21. Are you aware of any relatives of your pet having a similar problem? YES NO

22. Has anyone in your household had skin problems since your pet was affected? YES NO

23. Have you noticed fleas on your pet? YES NO

24. Do any other pets in your household have fleas? YES NO

25. Do you use flea products on your pet to control fleas? YES NO

If "yes," please list what you use _____

Frequency of application _____

27. What treatment has your pet received for the skin problem? If possible provide drug names, dosages, and duration of treatment. _____

28. Describe what response there was to this treatment. _____

29. Has your pet received cortisone or steroids? YES NO UNSURE

If "yes," which of the following was/were used? INJECTION PILLS TOPICAL

When was it last given or applied? _____

30. Which medication was most effective at controlling your pet's skin problem?

31. Please list the **current** medications you pet is receiving. _____

32. Have you been using any home remedies for your pet's skin condition? YES NO

If "yes," please describe. _____

33. Does your pet have any other previously diagnosed medical or surgical problem that is unrelated to the skin disorder?
YES NO

If "yes," please describe _____

Medications used for this problem _____

34. Have you noticed any changes in the health or behavior of your pet coincidental with the development of the skin condition? _____

35. Describe the diet of your pet. _____

36. Has your pet been boarded in the past 2-3 months? YES NO

37. Has your pet been to the groomer or day care in the past 2-3 months? YES NO

38. What heart worm preventative do you use for your pet? _____

THANK YOU!!!