

DERMATOLOGIC HISTORY

Client _____ Patient _____

Age _____ Breed _____ Sex _____ Spayed or Neutered Y N

Today's Date _____

CHIEF COMPLAINT (S) _____

Age the pet was obtained _____ From where _____

Age when the problem was first noticed _____

Onset: Sudden _____ Slow _____ **Rate itching from 1 to 10 (1= occ. itch, 10-itching all**

day/night) _____

Does the animal itch? Yes _____ No _____ When? Constant _____ Sporadic _____ Night _____

Is there a seasonal influence? No _____ Spring _____ Summer _____ Fall _____ Winter _____

Where on the body did the problem begin? _____

What did it look like initially? _____

What other animals are in the household? Describe _____

Do other animals or people in the household have skin problems, rash? _____

Describe the animal's indoor environment, time (%) _____

Describe the animal's outdoor environment, time (%) _____

What diagnostic tests have been performed? _____

What topical treatment has been used? Success? _____

What oral or injectable treatment(s) has been used? Success? _____

When was the last time fleas were seen on any of the pets? _____

Describe flea control _____

Animal's diet (including snacks & treats) _____

Medical history: previous diseases, treatments, results _____

Is the animal on any medications at present? Yes _____ No _____ Which ones? _____

What other facts do you think would be helpful? _____
