



### Dermatology Patient History Form

Pet's Name:

Owner's Name:

Phone number:

Email:

Referring Vet Clinic:

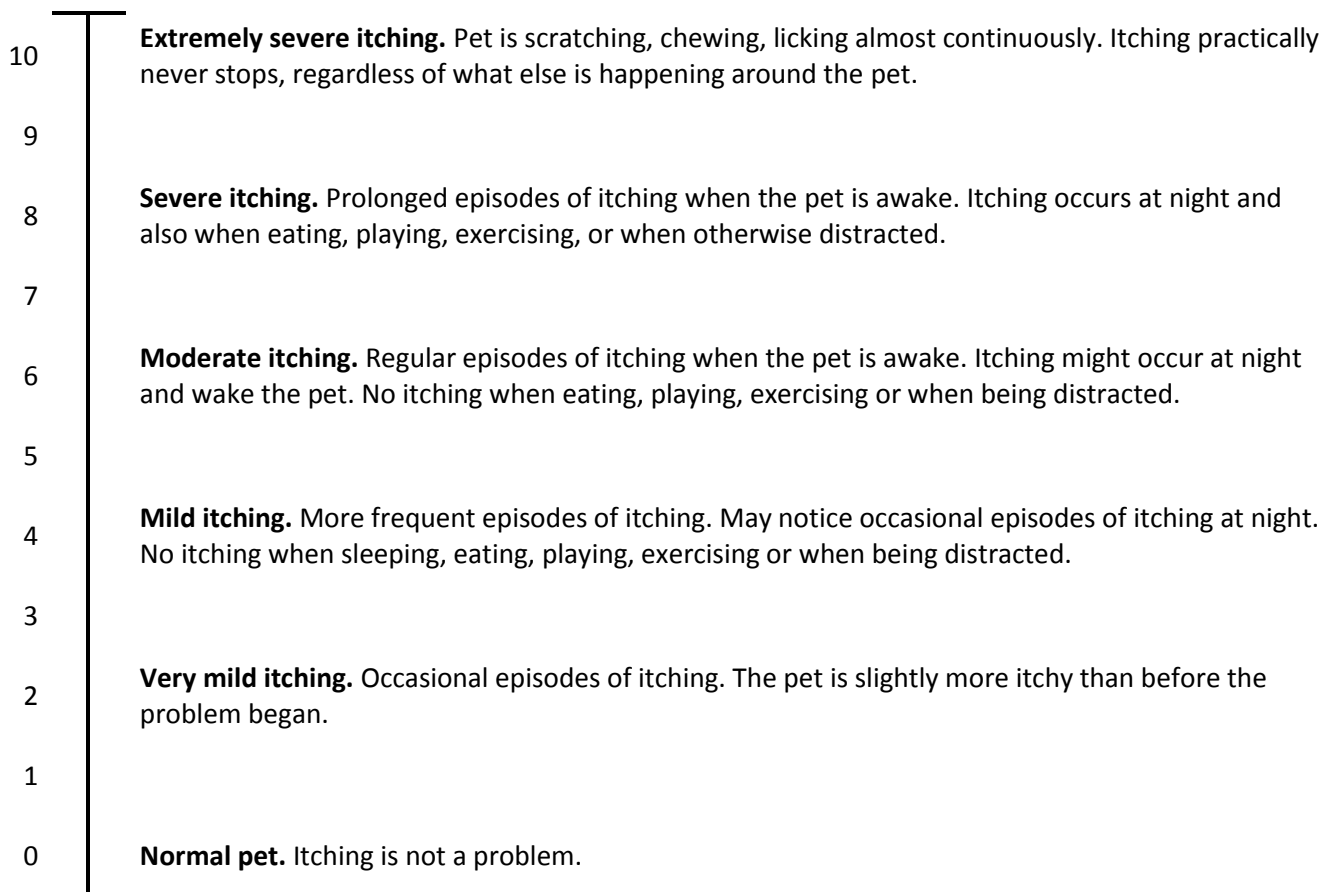
Veterinarian Name:

Preferred human pharmacy (name, phone # and/or address):

1. When did you adopt/acquire your pet?
2. What is the primary presenting complaint today?
3. How long has the problem been present?
4. How old was your pet when the problem first started?
5. When the problem started, did it arise suddenly or gradually over a period of time?
6. What did the skin or ear problem look like initially?
7. How has it changed or spread?
8. The problem has been (select one):
  - a. Constant, even with medication
  - b. Improved with medication
  - c. Intermittent
9. Is the problem worse seasonally? If so, what time(s) of the year?
10. Have there been any recent environmental changes?

11. Is your pet itchy (licking, biting, scratching, chewing, rubbing, scooting)?

12. Rate your pet's itchiness using the descriptions in the following scale (circle a number).



13. What happened first – itching or skin lesions/changes?

14. List the medications/supplements that your pet is currently receiving, including flea/tick and heartworm prevention (name specific brands). Note duration and date last given if known.

15. List any medications/supplements that your pet previously received if prescribed for a similar dermatologic issue (especially if not listed above).

16. On the chart of medications below, check if your pet has received them and, if so, how much relief they provided.

Treatment or Medication	Was the medication given?			If given, how much did it help?		
	Yes	No	Not sure	Helped greatly	Helped somewhat	Did not help
<b>Cortisone (steroid)</b> (Temaril P, prednisone, Vetalog, Medrol, dexamethasone)						
<b>Antibiotics</b>						
<b>Antihistamines</b> (Benadryl, Zyrtec, hydroxyzine)						
<b>Antifungal</b> (ketoconazole, fluconazole, terbinafine)						
<b>Cyclosporine (Atopica)</b>						
<b>Apoquel</b>						
<b>Cytopoint injection</b>						

17. Has your pet had any adverse reaction to medications? If yes, please explain.

18. Are you able to easily administer oral and/or topical medications to your pet? Are oral pills vs. liquids preferred?

19. Has your pet ever had allergy testing (blood or skin), allergy vaccines (oral or injectable) in the past?

20. What do you feed your pet?

21. Have you tried any different "allergy-type" or prescription diets? If so, please list the diet names and for how long you fed each.

22. Has your pet had any of the following: vomiting or diarrhea, picky appetite, gassiness, burping, frequent bowel movement, sensitive stomach, other GI related symptoms? If so, please explain.

23. How often do you bathe your pet? With what shampoo?

24. Are there other pets in the household? If so, what kind?
  
25. Do any of the other pets in the household have skin problems?
  
26. Do any people in the house have skin problems?
  
27. Other than skin disease, does your pet have any diagnosed medical conditions? Receiving any other unlisted medications?
  
28. Is there any other important information about your pet that you would like to share?