



# Dermatology History Form

## INITIAL Examination

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

Primary Concern \_\_\_\_\_

Age of pet when acquired \_\_\_\_\_ Age of pet when skin problem started \_\_\_\_\_ Duration of skin problem \_\_\_\_\_ What was the first thing you noticed when the problem started (ie. just itching, rash, red skin, hair loss, scaling, crusts, etc.) \_\_\_\_\_

Where on the body did the problem **START**? (**CHECK** all that apply)

- |  |                                |                                     |                                |
|--|--------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Nose                | <input type="checkbox"/> Neck  | <input type="checkbox"/> Tail       | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Around eyes         | <input type="checkbox"/> Back  | <input type="checkbox"/> Front legs | <input type="checkbox"/> Nails |
| <input type="checkbox"/> Around Mouth/muzzle | <input type="checkbox"/> Rump  | <input type="checkbox"/> Front paws |                                |
| <input type="checkbox"/> Ears                | <input type="checkbox"/> Groin | <input type="checkbox"/> Back legs  |                                |
| <input type="checkbox"/> Abdomen/Stomach     | <input type="checkbox"/> Sides | <input type="checkbox"/> Back paws  |                                |

Has the problem spread to other parts of the body? **YES or NO** If yes, to what body sites: \_\_\_\_\_

Does your pet itch (ie scratching, chewing, licking, biting, rub) any of the following areas? (**CHECK** all that apply)

- |  |                                |                                     |                                |
|--|--------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Nose                | <input type="checkbox"/> Neck  | <input type="checkbox"/> Tail       | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Around eyes         | <input type="checkbox"/> Back  | <input type="checkbox"/> Front legs | <input type="checkbox"/> Nails |
| <input type="checkbox"/> Around mouth/muzzle | <input type="checkbox"/> Rump  | <input type="checkbox"/> Front paws |                                |
| <input type="checkbox"/> Ears                | <input type="checkbox"/> Groin | <input type="checkbox"/> Back legs  |                                |
| <input type="checkbox"/> Abdomen/Stomach     | <input type="checkbox"/> Sides | <input type="checkbox"/> Back paws  |                                |

Indicate the **OVERALL** severity of your pet's itch and irritation **AT THIS TIME** (over the last 3 days) on the scale below.

**(NEVER) 0---1---2---3---4---5---6---7---8---9---10 (Always, keeps you up at night etc.)**

Without any medications, is itching present 12 months of the year? **YES or NO** If NO, what months of the year does your pet itch \_\_\_\_\_ Not itch? \_\_\_\_\_ When itching, is the severity worse **INSIDE, OUTSIDE, NO DIFFERENCE**? Amount of time pet spends indoors \_\_\_\_\_% and outdoors \_\_\_\_\_% Comments \_\_\_\_\_

Is there **HAIR LOSS**? **YES or NO** Where is the hair loss? (**CHECK** all that apply)

- |  |  |                                     |                                     |
|--|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Nose                | <input type="checkbox"/> Abdomen/Stomach | <input type="checkbox"/> Groin      | <input type="checkbox"/> Front paws |
| <input type="checkbox"/> Around eyes         | <input type="checkbox"/> Neck            | <input type="checkbox"/> Sides      | <input type="checkbox"/> Back legs  |
| <input type="checkbox"/> Around mouth/muzzle | <input type="checkbox"/> Back            | <input type="checkbox"/> Tail       | <input type="checkbox"/> Back paws  |
| <input type="checkbox"/> Ears                | <input type="checkbox"/> Rump            | <input type="checkbox"/> Front legs | <input type="checkbox"/> Chest      |

Is hair loss associated with the itching? **YES or NO** Does the hair ever grow back? **YES or NO** Explain \_\_\_\_\_

List the current diet (**ALL** foods/treats/snacks etc) \_\_\_\_\_ Previous diet \_\_\_\_\_

Is your pet's appetite normal? **YES or NO** Comments \_\_\_\_\_ Is your pet's activity level normal? **YES or NO**

Does your pet do any of the following?

- |                                 |                                   |  |  |
|---------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Cough  | <input type="checkbox"/> Vomit    | <input type="checkbox"/> Limp              | <input type="checkbox"/> Urinate excessively |
| <input type="checkbox"/> Sneeze | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Drink excessively | <input type="checkbox"/> Pant excessively    |

**Dermatology History Form –Initial Examination PAGE 2**

Prior Treatments (**Important Section**) May we call your veterinarian if more information about medications is needed? **YES or NO**

Has your pet ever had an adverse reaction to ANY medication or treatment? **YES or NO** Describe \_\_\_\_\_

Treatments that have been EFFECTIVE/HELPFUL for the skin problem \_\_\_\_\_

Treatments that have NOT been EFFECTIVE/HELPFUL \_\_\_\_\_

Have steroids EVER been used? **YES or NO** Name of steroids \_\_\_\_\_

Did the steroids help the problem? **YES or NO** How much improvement \_\_\_\_\_ % Comments \_\_\_\_\_

How was the steroid given (CIRCLE)? **INJECTION, BY MOUTH, ON SKIN, IN EARS, IN EYES** When were steroids last given or applied to any part of the body, including ears, skin, eyes? \_\_\_\_\_

How often is your pet bathed? \_\_\_\_\_ When was the last bath? \_\_\_\_\_ What products are used? \_\_\_\_\_ or have been used in the past? \_\_\_\_\_

Have you ever seen fleas on your pet? **YES or NO** Another pet? **YES or NO** If yes to EITHER, when were fleas last seen? \_\_\_\_\_

What products do you use on your pet for flea control? \_\_\_\_\_ Frequency used/applied? \_\_\_\_\_ When last applied \_\_\_\_\_ Do you use flea control products 12 months of the year? **YES or NO**

Other pets in the home or in contact with your pet (CHECK all that apply and indicate the number of each species)

_____ Dogs	_____ Rabbits	_____ Deer
_____ Cats	_____ Rodents	_____ Large Animals (ie cow, sheep, goat, llama, alpaca)
_____ Birds	_____ Horses	

What flea control products are used on the other dogs and cats above? \_\_\_\_\_ Do any of the above animals have a skin problem? **YES or NO** Describe \_\_\_\_\_ Do any members of your family have skin problems? **YES or NO** Describe \_\_\_\_\_ Do any relatives/littermates of this pet have skin problems? **YES or NO** Explain \_\_\_\_\_

Heartworm prevention used \_\_\_\_\_ How often? \_\_\_\_\_ Year round? **YES or NO** Is it flavored? **YES or NO**

**Please list all current medications.** Include ear treatments, topical therapies, supplements, and medications prescribed by your primary veterinarian for any problem. Indicate the amount of medication and how often the medication is given, if known.

<u>Name of medication/product</u>	<u>Frequency given/applied</u>	<u>Amount given/applied</u>	<u>Other comments</u>
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*THANK you for taking the time to complete this dermatologic history questionnaire. The information you have provided will be important in the diagnosis and treatment of your pet's skin problem. This form is now part of your pet's medical record, and we will continue to update the history at each visit. Should you think of any additional information, please tell the dermatologist.*