



Name: _____
 Pet's Name: _____
 VetStar Number: _____

DERMATOLOGY NEW PATIENT HISTORY FORM:

CLINICAL SIGNS:

1. What is the main reason for your visit today? _____

2. When did you first notice the skin problem (month/season and year, if possible)?

3. Was the onset sudden or gradual? _____

4. Please check any of the following clinical signs that relate to your pet:

- Scratching
- Sores or Scabs
- Licking/Chewing/Biting
- Swollen feet
- Flaky skin (dandruff)
- Curving/Breaking/Loss of nails
- Redness
- Ear infections
- Hair loss
- Other (specify) _____
- Bumps

If you checked scratching, licking, chewing, or biting, how would you rate the intensity of the behavior on a scale of 1-10 (1 = minimal itch, 10 = severe itch)? _____

5. What areas are affected? (check all that apply)

- Face
- Armpits
- Feet
- Ears
- Rump
- All over
- Belly/Groin
- Other (specify) _____

6. How often do these skin problems occur?

- Year-round.
- Used to be seasonal, but now year-round.
- Seasonal

If seasonal, during which season are the clinical signs at their worst?

Spring Summer Fall Winter

MEDICATIONS:

7. Does your pet have fleas or a history of fleas? _____

8. Which flea/tick preventative do you use? How often? When was it last applied? _____

9. Which heartworm preventative do you use? When was it last given? _____

10. When was the most recent heartworm test? _____

11. Please list all medications you have used to treat your pet's skin condition. Please include any oral or injectable medications, ear medications or washes, shampoos or other topical products you have tried. If you don't know specific medications, you may list general categories such as antibiotics, steroids, antihistamines, etc.

Medication	Dose & Frequency	How long has he/she been on this Medication?	Last given	Any Improvement?

12. When was your pet last bathed and with which products? _____

13. List any other medical conditions your pet has (other than the skin problems) and list any medications being used to treat those problems (i.e. diabetes, liver disease, seizures, heart condition, arthritis, etc.). _____

14. Is your pet experiencing any of the following?

- Coughing
- Sneezing
- Vomiting
- Diarrhea or constipation
- Excessive urination
- Excessive thirst
- Weight loss or gain
- Change in appetite
- Change in attitude
- Lameness/limping

15. Has your pet ever had an adverse reaction to any medication? If yes, please explain.

LIFESTYLE QUESTIONS:

16. When and where did you adopt this pet? _____

17. Has your pet ever lived or spent time outside of New England? _____

18. Has there been a recent move? If so, where to and from? _____

19. What is the environment of your pet? Urban Suburban Rural
Percent of time spent outdoors: _____

20. Does your pet swim? If yes, where (lake, ocean, etc.) and how often? _____

21. Are there other pets in the household? If yes, what kind? _____

22. Are any other pets showing similar clinical signs? _____

23. Have any people in contact with your pet developed new skin problems (itching or a rash)?

DIET:

24. Has your pet been placed on a special diet for his/her skin problems? If yes, which diet(s) were used, how long were they used for & was there any improvement in your pet's skin condition? _____

25. What is your pet's current diet (include all treats, table snacks, rawhides/bones, chewable or flavored medications or toothpastes, supplements, etc.)? _____

26. Has your pet previously had blood (serology) or skin (intradermal) allergy testing? _____

If yes, has your pet been on immunotherapy (hyposensitization, "allergy vaccines")? _____

27. Please provide any other information that you feel may be helpful.

