DERMATOLOGY HISTORY NEW PATIENT

Date: ____________________________
Pet Name __________________________ Age now ________ Age when problem started ________
Primary concern/ problem __________________________________________ Duration _____________
Other pets/animals in the household: ____________________________________________________
Are any in-contact pets/humans affected by this condition or possibly related problem? YES or NO
Are any littermates to this affected pet demonstrating similar problems? YES or NO
Has your pet always lived in this area? YES or NO
What was the first thing you noted when problem started? (itch, scratch, rash, red skin, scale,
crust, etc.) ____________________________________________________________

Where on the body did the problem start?

___ Nose  ___ Neck  ___ Under tail  ___ Chest
___ Around eyes  ___ Top of back  ___ Front legs  ___ Nails
___ Mouth/muzzle  ___ Rump  ___ Back legs  ___ Tail
___ Ears/ear flaps  ___ Sides of trunk  ___ Front paws  ___ Back paws
___ Abdomen/stomach  Other ____________________________________________

Has the problem spread? YES or NO . If yes, to what body site(s): ____________________________

Does your pet itch? YES or NO (ITCH = licking, biting, scratching, chewing, rubbing, rolling) Where?

___ Nose  ___ Neck  ___ Under tail  ___ Chest
___ Around eyes  ___ Top of back  ___ Front legs  ___ Nails
___ Mouth/muzzle  ___ Rump  ___ Back legs  ___ Tail
___ Ears/ear flaps  ___ Sides of trunk  ___ Front paws  ___ Back paws
___ Abdomen/stomach  Other ____________________________________________

Severity of itch/irritation(circle):(rare/normal) 0 1 2 3 4 5 6 7 8 9 10 (severe)
If there is a rash or lesions on skin/ears, did ITCH start before rash? Did RASH start before itch? (circle)
Is itch present 12 months of the year? YES or NO . If no, what months does your pet itch? __________
_________________________________________________________________________________

Is itch worse INDOORS or OUTDOORS or NO DIFFERENCE? How much time does your pet spend
outdoors in terms of percentage of the day? ________________________________
Is there hair loss? YES or NO. If Yes, Where? ______________________________
Is hair loss from scratching? YES or NO or JUST FALLS OUT Does hair grow back? YES or NO
What does your pet eat? Current food: ______________________________________
Treats/snacks: _________________________ Previous diets fed: _________________________
How do you give your pets oral medications? _________________________________
Pet’s appetite NORMAL, INCREASED, or DECREASED Pet’s activity level NORMAL or DECREASED
List medical problems other than skin disease ________________________________________________

List any and all previous adverse reaction(s) to medications or other treatments ______________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Have Steroids been used for treatment of this condition (or other condition)? YES or NO

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<tr>
<th>Name</th>
<th>Dose</th>
<th>Frequency</th>
<th>Route</th>
<th>Duration</th>
<th>Does it help (%) improved</th>
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Date and name of last steroid administration (oral, injection, skin or ears) or current ________________________________

Have Antibiotics or Antifungals been used for treatment of this condition? YES or NO

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Date and name of last antibiotic or antifungal administration or current ________________________________

Have Antihistamines been used for treatment of this condition? YES or NO

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Date and name of last Antihistamine given or current ________________________________

Have Fatty acids been used or given? YES or NO

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Date and name of last fatty acid given or current ________________________________

Other Vitamins or Supplements ________________________________________________________

What medications or and/or cleaners are or have been put into the ear canals?

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

How often is your pet bathed? _________ When was last bath? _________ Groomer? YES or NO

List shampoos and/or conditioners, sprays, wipes, creams etc., used now or in past and frequency

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

Flea control products used _______________ How often _____________ Year round? YES or NO

Heartworm prevention used _______________ How often _____________ Year round? YES or NO