

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 (season/month and year, if possible)?  
\_\_\_\_\_

3. Was the onset sudden or gradual? \_\_\_\_\_

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

- |   |   |
|---|---|
| <input type="checkbox"/> Scratching             | <input type="checkbox"/> Sores or Scabs                 |
| <input type="checkbox"/> Licking/Chewing/Biting | <input type="checkbox"/> Swollen feet                   |
| <input type="checkbox"/> Flaky skin (dandruff)  | <input type="checkbox"/> Curving/Breaking/Loss of nails |
| <input type="checkbox"/> Redness                | <input type="checkbox"/> Ear infections                 |
| <input type="checkbox"/> Hair loss              | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Bumps                  |   |

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

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

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Face        | <input type="checkbox"/> Armpits               |
| <input type="checkbox"/> Feet        | <input type="checkbox"/> Ears                  |
| <input type="checkbox"/> Rump        | <input type="checkbox"/> All over              |
| <input type="checkbox"/> Belly/Groin | <input type="checkbox"/> Other (specify) _____ |

6. How often do the skin problems occur?

- Year-round  
 Used to be seasonally but now year-round  
 Seasonally

If seasonal, during which season(s) 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 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	Dosage & Frequency	Duration of use	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?

- |   |  |
|---|--|
| <input type="checkbox"/> Coughing                 | <input type="checkbox"/> Excessive thirst    |
| <input type="checkbox"/> Sneezing                 | <input type="checkbox"/> Weight loss or gain |
| <input type="checkbox"/> Vomiting                 | <input type="checkbox"/> Change in appetite  |
| <input type="checkbox"/> Diarrhea or constipation | <input type="checkbox"/> Change in attitude  |
| <input type="checkbox"/> Excessive urination      | <input type="checkbox"/> 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 and 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?

Yes  No

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

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