

[Patient label information here]

# DERMATOLOGY HISTORY FORM

Date \_\_\_\_\_

Your name \_\_\_\_\_

1. What skin or ear problem are you bringing your pet in for? \_\_\_\_\_
2. How long has the problem been present? \_\_\_\_\_ How old was your pet when the problem first started? \_\_\_\_\_
3. When the problem started, did it come on suddenly or gradually over a period of time? \_\_\_\_\_
4. What did the skin or ear problem look like initially? \_\_\_\_\_
5. How has it changed or spread? \_\_\_\_\_
6. The problem has been (check one):  
 Continual, even with medication     Continual but better with medication     Intermittent or sporadic
7. Is the problem worse during certain times of the year? If so, when? \_\_\_\_\_
8. Over the past year, how itchy has your pet been during a typical outbreak of skin or ear disease? Use a scale of 1 to 10 with 1 meaning an occasional scratch, like a normal person or animal might do, and 10 meaning constant, severe scratching. \_\_\_\_\_
9. Using the same 1 to 10 scale, how itchy has your pet been over the past month? \_\_\_\_\_
10. Is your pet receiving any treatment now? If yes, what kind? \_\_\_\_\_
11. When did your pet last receive any medication, and what medication was it? \_\_\_\_\_
12. What do you feed your pet now? \_\_\_\_\_
13. Have any different diets been tried as treatment? If so, list the brand name and for how long you fed it: \_\_\_\_\_  
\_\_\_\_\_
14. How often do you usually bathe your pet? With what? \_\_\_\_\_
15. When was the last time you saw a flea on your pet or another pet in the household? \_\_\_\_\_
16. Do you routinely use flea or tick preventive products on your pet (list type)? \_\_\_\_\_
17. How old was your pet when you obtained him/her? Where did you get your pet? \_\_\_\_\_
18. What other pets are in the household? \_\_\_\_\_
19. Do any of the other pets have skin problems? Do any people in the household have skin problems? \_\_\_\_\_
20. What percentage of the day and night does your pet spend indoors vs. outdoors? Indoors \_\_\_% Outdoors \_\_\_%
21. Other than skin disease, does your pet have any diagnosed medical problems? \_\_\_\_\_
22. Please list any other clinical signs your pet has that have not been described above or anything else you suspect might be contributing to your pet's skin or ear disease? \_\_\_\_\_

PLEASE TURN OVER AND CONTINUE ON REVERSE SIDE.