

Name

Date

Phone#

Species

Age

Sex

Current Weight

Dermatological History

Instructions

Please answer the follow questions as thoroughly as you can. Understanding your pet's life will help us to find the source of their problem.

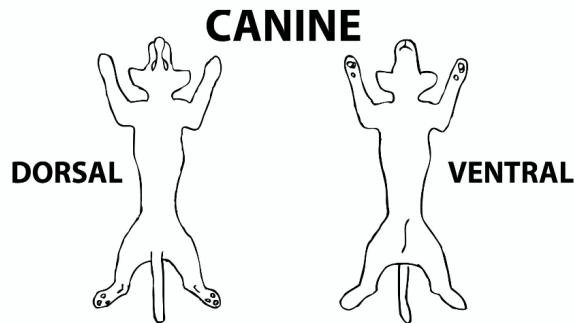
Physical Evaluation

Please check any symptoms that describe your dog's experience and circle problem areas on the drawing.

- | | | |
|--|--|--|
| <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Foul Odour | <input type="checkbox"/> Inflammation or Redness |
| <input type="checkbox"/> Itching/Scratching | <input type="checkbox"/> Otitis (ear infections) | <input type="checkbox"/> Licking/Chewing Skin |
| <input type="checkbox"/> Lesions (sores) | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Changes in skin (reddish-brown stains, discolorations and/or areas that are thick and leathery) | | |

Has your dog ever had any ear problems? _____

Does your dog have any chronic gastrointestinal signs like diarrhea or vomiting? __



| | Itching Score |
|-----|---|
| 0-1 | None to Normal amount of itching |
| 2-3 | Mild- occasionally itches but never stops play activity to scratch |
| 4-5 | Moderate- Itching seen more frequently and sometimes stop play activity to itch |
| 6-7 | Moderately Severe- Seen itching regularly through out the day, often interrupts play and eating itch. Wakes up at night to itch |
| 8-9 | Severely Itchy- Will stop playing and sometimes stop eating to itch |
| 10 | Constantly itching night and day |

Severity Evaluation On a scale of 0 to 10, rank the severity of your dog's symptoms.

Severity of Condition Overall

- 0 1 2 3 4 5 6 7 8 9 10
 No Symptoms Severe

Severity of Rash

- 0 1 2 3 4 5 6 7 8 9 10

No Symptoms

Severe

Severity of Scratching/Licking/Chewing

0 1 2 3 4 5 6 7 8 9 10
No Symptoms Severe

Onset and Seasonality Evaluation

Is this the first time your dog has experienced these symptoms? Yes No

IF NO, PLEASE ANSWER THE FOLLOWING QUESTIONS:

At what age did the problem first start <1yr 1-3yr 4-7yrs 7+yrs

Is it present with equal intensity all year round? Yes No

Present all year round but worse in winter Yes No

Present all year round but worse in summer Yes No

Only present for part of the year - spring summer fall winter

How long have the current symptoms been going on?

Did the itch start gradually and over time become worse? Yes No

Did the itch come on suddenly without warning? Yes No

Was there a "rash" first, or itching first? Or simultaneous? Rash first Itch first Simultaneous

Where on the body did the problem 1st begin

Parasite Control

Is your dog on a flea/heartworm preventative? Yes No

What months do you administer the preventative?

When was the last time you administered the parasite control?

Lifestyle Evaluation

Where does your dog live? Indoors Outdoors Both

- If outdoors, please describe environment:

Are there other pets in your household? Yes No

-If yes, do these pets have the same symptoms? Yes No

-If these pets are cats, do they go outside? Yes No

Do you board your dog, take him or her to obedience school, training or groomers? Yes No

-If yes, when was the last time you took your dog?

Have you taken your dog on a trip to another location? Yes No

-If yes, please indicate when and location:

Have you recently moved? Yes No

Have you been to a new dog park or walking trail? Yes No

Have you used any new shampoo or topical skin treatments recently? Yes No

Are any humans in your household exhibiting signs? Yes No

Is the problem worse when the pet is indoors outdoors no difference

Is the problem worse when your pet is in contact with vegetation - grass, weeds, trees....

Describe the pet's indoor environment. Carpets Forced air heating older home mold problems

tobacco

Sleeping arrangements are pet bed owner's bed wool feathers outdoors

does your pet swim in fresh water salt water

have your pets EVER had fleas in the past when were they last seen

Any exposure to farm animals or wildlife

Dietary Evaluation Non Dermatological Signs

What pet food are you feeding?

Do you feed the same food all the time or provide a variety? Always same Variety

Have you changed his or her diet recently? Yes No

Do you give your dog packaged treats? Yes No

Do you feed your dog "human" food? Yes No

{NAME} ({PATIENTID}) {FULLNAME} ({ID}) {PHONENUMBER}
{SPECIES} {BREED} {AGE} {SEX} {CURRENTWEIGHTUNITDATE[SHORT]}

Non Dermatological Signs

Has your pet experienced any of the following :

- Vomiting diarrhea change in stool consistency flatulence scooting
 coughing sneezing red runny eyes weight gain increased appetite
 weight loss reduced appetite increased urination increased thirst

Relationship/Behavioural Evaluation

Indicate if and how your dog's itching has affected his/her behaviour and relationship with you

Sleeps Through The Night

- Always Usually Occasionally Never

Activity Level

- Inactive Much less active Somewhat less active No Change

Social Behaviour

- Unsocial A lot less social Somewhat less social No Change

Relationship Changes

- Fewer Walks No longer sleeps in bed/ same room Interacts less with family

Prior Treatments

- Has your dog been treated for itching before?

- Indicate previous treatments administered to your dog: (check all the apply)

- Steroids Shampoos Sprays Ointments Antibiotics Hypoallergenic food
 Essential fatty acids Antihistamines Immunotherapy
 Atopica/ Cyclosporine Allederm spot on Dermacent spot on
 Other (please specify) _____