MEDVET
Leading Specialty Healthcare for Pets

Lauren Pinchbeck, DVM, MS, Diplomate, ACVD®
Formerly Northeast Veterinary Dermatology Specialists

DERMATOLOGY NEW PATIENT HISTORY FORM

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

Name	Dose	Frequency	Route	Duration	Does it help (% improved)

1. ____
2. ____
3. ____

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

Name	Dose	Frequency	Duration	Does it help? (% improved)

1. ____
2. ____
3. ____

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

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

Name	Dose	Frequency	Duration	Does it help? (% improved)

1. ____
2. ____
3. ____

Date and name of last Antihistamine given or current

Have Fatty acids been uses or given? YES or NO

Name	Dose	Frequency	Duration	Does it help? (% improved)

1. ____
2. ____

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