



## Dermatology Case History

Date: \_\_\_\_\_ Last Name: \_\_\_\_\_ Patient: \_\_\_\_\_

**Please answer the questions to the best of your ability. The doctor will go over these questions with you in the exam room.**

Primary reason for referral? \_\_\_\_\_

Other pets in the household?                      **Yes**                      **No**  
If yes, indicate the number and species: \_\_\_\_\_  
\_\_\_\_\_

**Vaccine history:**

Is your pet up to date on vaccines?              **Yes**                      **No**

**Flea/Tick control: Place a check by the flea/tick preventative your pet is on.**

FRONTLINE                       FRONTLINE SPRAY                       ADVANTAGE                       ADVANTIX   
REVOLUTION                       SENTINEL                       PROGRAM                       COMFORTIS   
PREVENTIC COLLAR                       OTHER: \_\_\_\_\_

Please indicate how often the flea/tick product is applied? \_\_\_\_\_

Are your other pets on flea/tick prevention?                      **Yes**                      **No**

Have you had a recent tick and/or flea problem?                      **Yes**                      **No**

**Heartworm control: What heartworm control is your pet currently on?**

HEARTGUARD                       INTERCEPTOR                       SENTINEL                       REVOLUTION   
OTHER: \_\_\_\_\_

**Diet:**

What is your pet's current diet? \_\_\_\_\_

List all the treats your pet eats: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet ever been on a food trial or hypoallergenic diet? If so, which one?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Last name:** \_\_\_\_\_ **Patient:** \_\_\_\_\_

**Environment:**

Is your pet:                      INDOOR                                      OUTDOOR                                      BOTH

If you have a yard-please describe the size? \_\_\_\_\_

Are your other pets?      INDOOR                                      OUTDOOR                                      BOTH

Please describe your home: (circle)

APARTMENT                      HOUSE                                      CONDO                                      TOWNHOUSE  
MOBILE HOME                      Other \_\_\_\_\_

Do you have carpets at home?                                      **Yes**                                      **No**

Has your pet lived in Florida all its life?                                      **Yes**                                      **No**

Has your pet lived or traveled outside of the country?                                      **Yes**                                      **No**  
If yes, when, where and length of time? \_\_\_\_\_

**Other:**

Does your pet have normal bowel movements (defecations)?                                      **Yes**                                      **No**  
How often does your pet defecate? \_\_\_\_\_

How much water do you think your pet drinks? (circle one)

Normal amount                                      More than normal                                      Less than normal

How often does your pet urinate? (circle one)

Normal frequency                                      More frequent than usual                                      Less frequent than usual

Any vomiting/diarrhea episodes currently or in the past? (circle one)                                      **Yes**                                      **No**  
If yes, is this a current problem? \_\_\_\_\_

Has your pet been diagnosed with epilepsy or has your pet had seizures in the past? \_\_\_\_\_

**FOR CATS ONLY:**

Has your cat been tested for feline leukemia or feline immunodeficiency virus?                                      **Yes**                                      **No**  
Results: \_\_\_\_\_

Last name: \_\_\_\_\_ Patient: \_\_\_\_\_

**Questions referring to dermatological problem:**

When did the problem start (age, apprx date, time of year)? \_\_\_\_\_

Did the problem have a gradual onset or sudden onset? \_\_\_\_\_

Where is your pet itchy (Itchiness also equals: rubbing, chewing, scratching, licking, over-grooming)?

- |                                 |                                  |                                    |                                     |                               |
|---------------------------------|----------------------------------|------------------------------------|-------------------------------------|-------------------------------|
| FACE <input type="checkbox"/>   | EARS <input type="checkbox"/>    | MUZZLE <input type="checkbox"/>    | EYES <input type="checkbox"/>       | NECK <input type="checkbox"/> |
| BACK <input type="checkbox"/>   | PAWS <input type="checkbox"/>    | REAR LEGS <input type="checkbox"/> | FRONT LEGS <input type="checkbox"/> | TAIL <input type="checkbox"/> |
| AXILLA <input type="checkbox"/> | ABDOMEN <input type="checkbox"/> | GROIN <input type="checkbox"/>     |                                     |                               |
- OTHER: \_\_\_\_\_

Please grade your pet’s itchiness on scale of 1-10 (with 1 meaning occasional scratching and 10 meaning constant severe scratching)? \_\_\_\_\_

Is itchiness more in front half or back half of body? \_\_\_\_\_

Is the problem worse during certain times of the year? If so, when? \_\_\_\_\_  
\_\_\_\_\_

Any ear infections and/or itchiness currently or in past? \_\_\_\_\_

- |  |            |           |
|--|------------|-----------|
| Are there other pets affected?   | <b>Yes</b> | <b>No</b> |
| Are other littermates or past relatives affected with similar problem? | <b>Yes</b> | <b>No</b> |
| Are there humans affected?   | <b>Yes</b> | <b>No</b> |
| Has your pet ever been skin allergy or blood allergy tested?           | <b>Yes</b> | <b>No</b> |
| Has your pet ever been on allergy vaccines?                            | <b>Yes</b> | <b>No</b> |

USE THE SECTION BELOW TO SUMMARIZE YOUR PET’S PROBLEM/CONCERNS OR ANY ADDITIONAL INFORMATION FOR THE DR TO KNOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**Last name:** \_\_\_\_\_ **Patient:** \_\_\_\_\_

**Medications:**

Has your pet received steroids (cortisone or “allergy shots”)?	<b>Yes</b>	<b>No</b>
If yes, did your pet get better with steroids?	<b>Yes</b>	<b>No</b>
Is/Has your pet been on antibiotics?	<b>Yes</b>	<b>No</b>
Is/Has your pet been on antifungal medication?	<b>Yes</b>	<b>No</b>
Is/Has your pet been on topical therapy (i.e. shampoos, sprays, creams, lotions etc) for its skin?	<b>Yes</b>	<b>No</b>
Is/Has your pet been on antihistamines (i.e. Benadryl)?	<b>Yes</b>	<b>No</b>
Is/Has your pet been on fatty acids (i.e. fish oils)?	<b>Yes</b>	<b>No</b>
Is/Has your pet been on topical ear medications?	<b>Yes</b>	<b>No</b>
Is/Has your pet ever been on ATOPICA (cyclosporine)?	<b>Yes</b>	<b>No</b>

Please list any other medications your pet is currently on (this includes, vitamins, herbal meds, arthritis medication)?

\_\_\_\_\_

To your knowledge, does your pet have any adverse reactions to any medications?

If yes, please list medication(s)? \_\_\_\_\_

\_\_\_\_\_

**Do not need to answer:** Any persons in the household are diabetic, have breathing problems (asthma), on medications for Parkinson’s disease or immunosuppressed (on chemotherapy, HIV, high doses of steroids)?

*The Doctor may need to know this if she decides to prescribe certain medications or is suspicious of certain diseases.*

\_\_\_\_\_

\_\_\_\_\_

**Additional notes:** \_\_\_\_\_

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