



Date

### Dermatology + Otology HISTORY FORM

What are your primary concerns?

What changes do you see as a problem:  hair loss  scratching  red skin  red ears  ear discharge  
 skin lesions (sores)  foul odor  no response to previous treatment

Where on the body did the problem first appear?

When did disease first start?

How has the disease progressed:  Slow (months to years)  Rapid (days to weeks)  Slow at first then more rapid

Is the condition:  Always present or  Intermittent (there are times when your pet has no skin disease)  
 Always present but waxes and wanes

Is your pet itching?  Yes  No

Grade from 1 (mild) to 10 (severe/constant)

If yes to itching, check all that apply:  biting  scratching  licking  chewing  gnawing  
 rubbing  scooting

Where?  head/face  mouth/muzzle  ears  neck  chest  belly  back  
 armpit  groin  feet  toes/nails Other:

Does your pet lick its feet?  Yes  No

Is itching:  seasonal  year round  Year round but worse some seasons  don't know

In which season did it start:  Spring  Summer  Fall  Winter

Which seasons is it present:  Spring  Summer  Fall  Winter

Which seasons is it at its worst:  Spring  Summer  Fall  Winter

What came first:  Itching then lesions (rash, hair loss, red skin etc.)  
 Lesions then itching  
 Don't know

Has your pet had an ear disease or had treatment with ear medications:

When last was there ear disease or ear treatment?

Does your pet have hearing loss?  Yes  No  don't know

List all other health problems:

## CURRENT DIET

Commercial food:

Table food/scraps:

Treats:

Supplements:

Flavored/chewable medications (e.g. Heartworm preventatives, arthritis medications etc):

## PREVIOUS DIETS

Previous diets for: Type (name):  Duration:

Type (name):  Duration:

Type (name):  Duration:

Known reactions to food/treats/diet in the past: Reacts to:  Type of reaction:

**Complete the following table by listing all medications you have used by category.**

	Current	Previous	Response
Steroids/cortisone (shots, pills)			Poor / Partial / Excellent
Antibiotics (shots, pills)			Poor / Partial / Excellent
Antifungals			Poor / Partial / Excellent
Ear medications			Poor / Partial / Excellent
Topical skin medications			Poor / Partial / Excellent
Cyclosporine (Atopica)			Poor / Partial / Excellent
Fatty acid supplements			Poor / Partial / Excellent
Antihistamines			Poor / Partial / Excellent
Allergy shots (immunotherapy)			Poor / Partial / Excellent

Current treatments for non-skin or ear disease:

Previous drug reactions? If yes, describe:

How often is pet bathed?  Shampoo brand:

Conditioner/rinse brand:  When was pet last bathed?

When was last time pet had topical medication applied?

What was applied?

Have you changed shampoo or topical treatment recently?  Yes  No

## CURRENT FLEA CONTROL

	This pet	Other Pets
Product		
How often?		
Year round or Seasonal?		
Which seasons?		
Have you ever seen fleas?		

Other flea control products you have used:

## OTHER INFORMATION

Heartworm Prevention Product:

Year round or

Seasonal

How Often?

Where did you obtain your pet?

How long have you had this pet?

Do you live in:

City

Rural

Suburbs

Where does your pet sleep or spend the most time?

Percent of time spent Indoors

Outdoors

Does your pet attend:

Doggie Day Care

Obedience School

Dog/Cat Shows

Boarding/ Pet Sitter

Describe:

Has your pet traveled recently?

Where?

List other pets:

Skin disease?

Do any In-Contact humans have skin disease?

## Relationship/Behavioral Evaluation

Has your pet's ear or skin disease affected his/her behavior and relationship with you?

Yes

No

What is the effect of your pets' skin/ear disease on the following:

Sleeps through the night:

Always

Usually

Never

Activity level is:

No change

Somewhat less active

Much less active

Inactive

Social level is:

No change

Somewhat less social

Much less social

Unsocial

Relationship changes:

## Pruritus Scale

How itchy is your pet?

This scale is designed to measure the severity of itching in pets. Itching can include scratching, biting, licking, chewing, nibbling or rubbing. Read all the descriptions below, **starting from the bottom**. Then mark the box (at a specific level or between levels) to indicate where you think your pet's level of itchiness lies.

Extremely severe itching/almost continuous. Itching doesn't stop whatever is happening, even in the consulting room. (Needs to be physically restrained from scratching)

Severe itching/prolonged episodes. Itching might occur at night (if observed) and when eating, playing, exercising or being distracted.

Moderate itching/regular episodes. Itching might occur at night (if observed), but not when eating, playing, exercising or being distracted.

Very mild itching/only occasional episodes. Pet is slightly more itchy than it was before skin problems started.

Normal pet. I don't think itching is a problem.