

# CANINE PATIENT HISTORY FORM

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Patient Label:

## PLEASE COMPLETE THIS FORM & BRING TO EXAMINATION ALONG WITH YOUR MEDICATIONS & RESPIRATORY LOG

Medications/ supplements <sup>1</sup> :	Dose (mg):	Quantity:	Frequency/day:	Refill needed?
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> occasionally	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> occasionally	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> occasionally	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> occasionally	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> occasionally	<input type="checkbox"/> yes <input type="checkbox"/> no

♥ How is your pet's overall attitude, energy level, exercise ability?<sup>2</sup> 1 = very low 5 = normal  1  2  3  4  5

Has this changed from last visit?  Better  Worse  No Change Time course of change: \_\_\_\_\_  weeks  months

♥ How is your pet's appetite?<sup>3</sup> 1 = very low 5 = normal  1  2  3  4  5

Has this changed from last visit?  Better  Worse  No Change Time course of change: \_\_\_\_\_  weeks  months

♥ Does your pet sleep comfortably?<sup>4</sup>  Yes  No  Don't know If no, then please describe: \_\_\_\_\_

Has this changed from last visit?  Better  Worse  No Change Time course of change: \_\_\_\_\_  weeks  months

♥ Does your pet cough, gag, retch, or choke?<sup>5</sup>  Yes  No How severe is it? 1 = very mild 5 = severe  1  2  3  4  5

How often?  1/week  1/day  Several times a day  All the time When?  mostly at night  mostly with excitement  any time

Has this changed from last visit?  Better  Worse  No Change Time course of change: \_\_\_\_\_  weeks  months

♥ Does your pet have trouble breathing?<sup>6</sup>  Yes  No

How severe is the breathing problem? 1 = mild difficulty 5 = severe difficulty  1  2  3  4  5

Has this changed from last visit?  Better  Worse  No Change Time course of change: \_\_\_\_\_  weeks  months

♥ Has your pet collapsed or fainted?<sup>7</sup>  Yes  No How frequent are the episodes?  1/month  1/week  1/day  Several times a day

When did the collapsing start? \_\_\_\_\_

Please describe what it looks like: \_\_\_\_\_

Has this changed from last visit?  Better  Worse  No Change Time course of change: \_\_\_\_\_  weeks  months

Do you have other concerns? \_\_\_\_\_

## VETERINARIAN KEY FOR PATIENT HISTORY FORM

1. Verify that the client is administering the intended medications, doses, and frequencies by comparing this form to your medical record.
2. Dogs with heart failure often have decreased energy, decreased exercise ability, or altered interactions with the client. Osteoarthritis or other systemic diseases may also cause these abnormalities.
3. Dogs may have a decreased appetite due to heart failure, medications, or other systemic diseases.
4. Dogs with heart failure may be uncomfortable or restless when they sleep, and may have to sleep in a sternal position. Cough may wake them up in the night.
5. Coughing, retching, gagging or choking may be present in dogs with heart failure, and further evaluation with radiographs is needed.
6. Tachypnea (resting respiratory rate > 35 breaths/minute) and dyspnea are common clinical abnormalities in dogs with heart failure, and further evaluation with thoracic radiographs is indicated. Review of the owner's respiratory log of their dog's at home resting respiratory rate helps assess the likelihood of current heart failure.
7. Syncope may be present in dogs with heart failure, pulmonary hypertension, or an arrhythmia. Further diagnostic tests including an electrocardiogram (+/- holter monitor) and an echocardiogram are indicated