

Rocky Mountain Veterinary Dermatology

New Patient History Form

Client Name _____ Pet's Name _____

Chief Complaint _____

Do other pets in the household have the same problem? Yes No No other pets

Do any relatives of this animal have the same problem? Yes No Unknown

Do any people in your household have a similar skin problem? Yes No

Where does your pet sleep? _____

Is your pet primarily (circle): indoor outdoor

How long ago did the problem start? _____

What part of the pet was affected first? _____

What area was involved next? _____

Does anything aggravate the condition? _____

What do you think causes the condition? _____

Is there a seasonal pattern to the problem? Yes No
It's worse in the: Spring Summer Fall Winter

Does your pet scratch? Yes No

Does your pet wake up at night to scratch? Yes No

Please circle the appropriate description for your pet's:

Weight:	Increased	Stable	Decreased
Appetite:	Increased	Normal	Decreased
Attitude:	Agitated	Normal	Depressed
Is your pet easily excited:	Yes	No	
Water consumption:	Increased	Normal	Decreased
Bowel movements:	Soft	Normal	Rock Hard
Sneezing:	Frequently	Occasionally	
Eye discharge:	Frequently	Rarely	
Vomiting:	Frequently	Occasionally	

Please list **all** oral medications you give your pet (this is **very** important, include medications for non skin related conditions and any vitamins or supplements):

Please list all topical medications you put on your pet (shampoos, conditioners, flea and tick medications, ointments, sprays, ear washes, ear drops, eye medications):

What other treatments have been given? _____

What does your pet eat? _____

Have you made any changes to the diet recently? Yes No

If so, what was the previous diet? _____
