



# Dermatology Questionnaire

Because our pets can't tell us what is wrong, please take the time to describe your pet's problem as completely as possible. This form will become part of your pet's medical record.

## Evaluation Form

A thorough history can help us find the source of your pet's problem more efficiently. Please answer the following questions to help guide the diagnostic process.

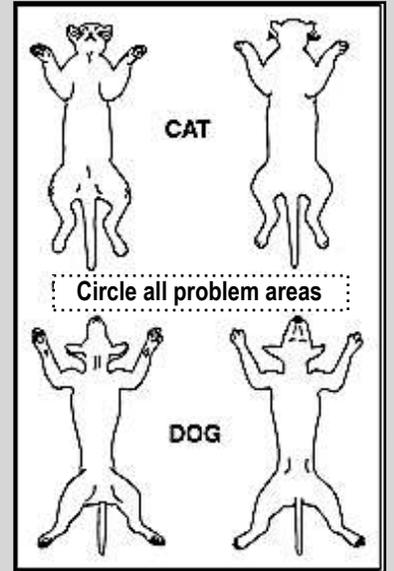
Patient Name \_\_\_\_\_ Client Name \_\_\_\_\_ Date \_\_\_\_\_  
 Reason for Visit \_\_\_\_\_

## Physical Evaluation

Please check any that describe your pet's problem and circle problem areas on the drawing.

- Hair loss
- Foul odor
- Inflammation or redness
- Itching/Scratching
- Otitis (ear infection)
- Licking/Chewing
- Skin Lesions (sores)
- Changes in skin (reddish brown stains, discolorations, and/or areas that are thick and leathery)
- Other \_\_\_\_\_

- Has your pet ever had ear problems?  Yes  No
- Does your pet have any chronic gastrointestinal problems like diarrhea or vomiting?  Yes  No



**Severity Evaluation -** On a scale of 0 to 10 rank the severity of your pet's symptoms.

### Severity of Condition Overall

0 1 2 3 4 5 6 7 8 9 10  
 No Symptoms Severe

### Severity of Skin Lesions

0 1 2 3 4 5 6 7 8 9 10  
 No Symptoms Severe

### Severity of Itching/Scratching/Licking

0 1 2 3 4 5 6 7 8 9 10  
 No Symptoms Severe

## Onset and Duration Evaluation

•Is this the first time your pet has experienced these symptoms?

Yes  No

-If no, at what age did these symptoms first occur?

< 1 year  1-3 years  4-7 years  7+ years

-If no, has it occurred around the same time of year each time?

Yes  No

-Approximate time of year symptoms occur? Season(s) or Month(s)  
 \_\_\_\_\_

•How long have the current symptoms been going on? \_\_\_\_\_

•Did the itching start gradually and become worse over time?

Yes  No

•Did the itching start suddenly without warning?

Yes  No

•Was there a "rash" first or itching first? Or simultaneous rash and itching?  
 Rash first  Itching first  Simultaneous

## Parasite Control

- Is your pet on a flea, tick, or heartworm preventative?  Yes  No If yes, what product(s) \_\_\_\_\_  
 Sentinel  Revolution  Activyl  Easy Spot  Bravecto  Over the counter topical \_\_\_\_\_
- How often do you administer preventative(s)? \_\_\_\_\_
- When was the last time you administered parasite control? \_\_\_\_\_

## Lifestyle Evaluation

- Where does your pet live ?  Indoors  Outdoors  Both
- Are there other pets in your household?  Yes  No
  - If yes, do these pets have the same symptoms?  Yes  No
  - Do other pets go outside?  Yes  No
- Do you board your pet or take him or her to the groomers?  
 Yes  No If yes, when was the last time? \_\_\_\_\_
- Have you taken your pet on a trip to another location?  
 Yes  No If yes, where and when? \_\_\_\_\_
- Have you recently moved?  Yes  No
- Have you been to a new dog park or walking trail?  Yes  No
- Do you bathe your pet?  Yes  No
  - If yes, how often \_\_\_\_\_ When was last bath? \_\_\_\_\_
  - What do you bathe your pet with? \_\_\_\_\_
- Have you used any new shampoo or topical skin products recently?  
 Yes  No If yes, what? \_\_\_\_\_
- Are any humans in your household exhibiting signs?  
 Yes  No

## Dietary Evaluation

- What pet food are you feeding your pet? (be as specific as possible) \_\_\_\_\_  
Specify type, amount, and how often.
- Do you feed the same food regularly or provide a variety?  Always same  Variety
- Have you changed your pet's diet recently?  Yes  No
- Do you give your pet packaged treats?  Yes  No If yes, describe \_\_\_\_\_
- Do you feed your pet "human" food?  Yes  No If yes, describe \_\_\_\_\_
- If you have more than one pet, does your pet have access to another pet's food?  Yes  No

## Relationship / Behavioral Evaluation

Indicate if and how your pet's itching has affected his or her behavior and relationship with you. (Check all that apply)

### •Sleeps through the night

- Always  Usually  Occasionally  Never

### •Activity Level

- Inactive  Much less active  
 Somewhat less active  No change

### •Social Behavior

- Unsocial  A lot less social  
 Somewhat less social  No change

### •Relationship Changes

- Fewer walks (dogs)  No longer sleeps in bed/same room  
 Interacts less with family  Interacts less with other pets  
 Acts differently with family / other pets -describe \_\_\_\_\_

## Prior Treatments

- Has your pet been treated for itching before?  Yes  No If yes, when was your pet last treated? \_\_\_\_\_
- Indicate previous treatments administered to your pet. (check all that apply)  Steroids  Shampoos  Sprays  Ointments  
 Antibiotics  Hypoallergenic Food  Nutritional Supplements  Antihistamines  Immunotherapy  
 Other (please specify) \_\_\_\_\_