

METROPOLITAN VETERINARY ASSOCIATES

CELEBRATING 30 YEARS OF SPECIALIZED VETERINARY SERVICES AND 24 HOUR EMERGENCY CARE



**Dr. Karen Farver DVM, DACVD
DERMATOLOGY**

New Patient History Questionnaire

An accurate history of your pet's dermatological problems is extremely important for diagnosis and treatment. Please answer ALL the following questions in as much detail as possible. Thank you for your time.

Primary reason for your visit today:

Section 1: Household and Medical History

Origin of Pet:

1a. Where did you obtain your pet?

1b. At what age was your pet when obtained?

1c. Has your pet always lived in this part of the country? [] Yes [] No
If no, where did you move from and when?

General Health History:

1d. Any change in water intake or urine output? [] Yes [] No

Associated with steroids? [] Yes [] No

1e. Any respiratory issues? [] Yes [] No

1f. Any ongoing vomiting or diarrhea issues? [] Yes [] No

1g. Any change in physical activity? [] Yes [] No

Loss or gain of weight? [] Yes [] No

Please describe?



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- 1h. History of or increase in ocular or nasal discharge? [] Yes [] No
1i. Any previous non-dermatological diseases/operations? [] Yes [] No
Please describe:

Diet:

1j. What food are you feeding now? _____

1k. Has your pet ever been on Hill's Z/D, Royal Canin HP or Royal Canin Anallergenic food? [] Yes [] No
If yes, which food and for how long? _____

1l. Were treats, table food, biscuits, rawhides, or chewable medications (including heartworm preventative) given while on the diet? [] Yes [] No

Other:

1m. Are there any other pets in contact with your pet? [] Yes [] No If yes, please circle: Dog Cat
Other _____

1n. Are you aware of any relatives of your pet having similar conditions? [] Yes [] No

1o. Has any person in your house had skin problems since your pet started having skin problems? [] Yes [] No

Section 2: DOGS only

2a. Is your pet currently on flea preventative? [] Yes [] No If yes, which one? _____

2b. Have you noticed any fleas on your pet(s) or in your home? [] Yes [] No

2c. Is your dog currently on heartworm preventative? [] Yes [] No If yes, which one?

2d. When was your dog last tested for heartworm disease?

2e. Are there foxes in the area/neighborhood or do you take your pet walking in the woods? [] Yes [] No

Section 3: CATS only

3a. Indoor/Outdoor (please circle)? Goes out how often?

3b. Does your cat hunt? [] Yes [] No
Have you seen mice at home? [] Yes [] No

3c. If your pet currently on flea preventative? [] Yes [] No If yes, which one?

3d. Have you noticed any fleas on your pet or any pet in the home/in contact with your pet? [] Yes [] No

3e. Has your CAT tested negative for FELV and FIV? [] Yes [] No

3f. Is your cat difficult to pill? [] Yes [] No
Please circle your medication preference: Pills or Liquid

Section 4: History of skin/ear issues

Please check all that apply when describing your pet's condition both currently & historically

- Scratching, chewing, biting, rubbing, licking skin []
- Ear infections []
- Hair loss with itching/licking [] – OR – Hair loss without itching/licking []

- Scabs, pimples, red bumps, (skin infection) []
- Excessive dandruff, flaking/dry skin []
- Bad skin odor, greasiness []
- Nail infections, losing nails []
- Other (please list)

4a. Was itching the first sign of your pet's skin disease that you noticed? [] Yes [] No

4b. Describe how the problem first appeared:

4c. How long has your pet had any skin/ear problems?

_____ days or # _____ weeks or # _____ years

4d. ANY previous skin/ear problems? [] Yes [] No

Age at 1st occurrence? _____

4e. Was the problem's onset GRADUAL [] or SUDDEN []?

4f. On a scale of 1-10, with 1=occasional scratch or chew and 10=severe, constant scratching; how would you rate your pet's level of itchiness now?

(circle) 1 2 3 4 5 6 7 8 9 10

Is this the worst the itching has ever been? [] Yes [] No

4g. Where on the body does your pet scratch/lick/bite/rub the most?

4h. Does this occurrence differ from previous ones? [] Yes [] No
If yes, please explain:

4i. Is there a relationship at any time between the severity of your pet's problem and the season of the year? [] Yes [] No

If yes, please check the season when the problem occurs or (if year round) is at its worse:

Spring [] Summer [] Fall [] Winter [] Year Round []

(if applicable) The problem begins in _____ and ends in _____ (list months)

4j. Have you noticed any change in the health or behavior of your pet that coincided with the skin problem? (ie: changes in appetite, thirst, urination, activity) [] Yes [] No

If yes, please describe:

Section 5: Previous/Current medical treatments/therapies

5a. What treatments/medications has your pet received for his/her skin problem? This includes antibiotic, antifungals, ear medications, steroids/antihistamines, etc. please list and include the dates/duration of treatment, as well as the effectiveness:

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- 1. _____ Effective [] Yes [] No
- 2. _____ Effective [] Yes [] No
- 3. _____ Effective [] Yes [] No
- 4. _____ Effective [] Yes [] No

5b. Please list all medication with the current dose your pet is CURRENTLY taking:

***Who may we thank for your referral today? (vet/groomer/friend/etc)**

Communication Preferences:

Thank you for taking the time to provide the following information. We hope it will facilitate your visit and future communication regarding your pet and his/her treatment plan. As always, please feel free to ask any questions that may arise.

When discussing your pets treatment, do you prefer the “big picture approach” or is having in depth detail of all disease processes and diagnostic options important to you?

Is your preference to have multiple procedures/diagnostics performed from the start for a faster answer in fewer visits, or is a step-by-step, systematic approach, potentially less costly overall, more acceptable?

Regarding treatment for your pet, will decisions be time or financially focused?

Do you prefer email [] or telephone [] communication?

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Email:

Telephone #:

Do you have any comments that may help improve communication overall?
