**DERMATOLOGY RE-CHECK FORM**

**I understand that there is an EXAM FEE associated with this visit – please initial: \_\_\_\_\_\_**

**\* In order to assess infection level, cytologies may be taken from your pet. If needed, are these cytologies authorized to look at? Yes No, we need to discuss first**

**Skin cytology (1) $45, (2) $67, (3) $79** **Ear Cytology (1) $65**

**\*Changes in general health since we last saw you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Are there other non-dermatological problems? ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Medications (list all ORAL and TOPICAL medications)**

 **MEDICATION**  **DOSE (mg)**  **FREQUENCY**   **LAST GIVEN**  **EFFECTIVE**

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**\* Have you missed doses? If so, which and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Have you run out of any medications? If so, which and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Overall itch level 0 - 10 \_\_\_\_\_\_\_\_\_\_\_\_**

**Focal spot/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* Strict Food Trial? Y N How Long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective? Y N**

**\* Allergy Vaccine? Y N Dose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If there is an increase in itch related to vaccine, is it before the injection is due or after it was given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Is your pet on flea and tick prevention? Y N If so, which one?**

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