

Dermatology – Patient History Questionnaire
(Please Print)

Owner's Last Name: _____ Patient's Name: _____ Date: _____

1. Chief Complaint(s) _____

2. Date/age problem first noticed _____
3. Onset: Sudden Gradual
4. Is the problem: Continual Intermittent
5. Is there a seasonal influence? No Yes, in Summer Yes, in Fall Yes, in Winter
6. Where (area of the body) did the problem begin? _____

7. Does the pet scratch, chew or lick themselves? No Yes, List most affected body area: _____
When? Constant Sporadic Night
8. Is there Loss of Hair? No Yes, Give Distribution: _____
9. Are there changes in color of:
A) The hair? No Yes, Describe: _____
B) The skin? No Yes, Describe: _____
10. What other pets are in the household? _____
11. Do other pets have any skin problems? No Yes, Describe: _____
12. Do any members of the household have any skin problems? No Yes, Describe: _____
13. Do any members of the household smoke? No Yes
14. Pet's Diet (including treats): _____
15. Describe pet's indoor environment, time (%): _____

16. What does he/she contact indoors (in terms of rugs, bedding, etc.)? _____

17. Describe pet's outdoor environment, time (%), fenced yard?: _____

18. Does your pet have contact to wandering jew plants, doveweed or spreading dayflower? No Yes
19. Are carpet deodorizers used in the home? No Yes, Describe: _____
20. Does your pet ever have fleas or ticks? No Yes, Describe: _____
21. When was the last time you saw a flea on your pet? _____