

DERMATOLOGY HISTORY QUESTIONNAIRE

1. What is the skin problem: itching, rash, oily skin, loss of hair, redness, dry skin, sores?
2. At what age did you first notice the problem?
3. Are the symptoms seasonal?
4. What did the problem first look like when it first started: itching, redness, pimples, hair loss, rash?
5. Where did it start?
6. Has it spread?
7. Does your pet scratch, rub, chew, lick, or bite any area of his/her body?
8. If yes, where?
9. Was itching the first thing noticed?
10. Do you have other pets in the house? List:
11. Do any of them have skin problems?
12. Do any people in your household have a skin problem?
13. Percent of time your pet is confined: Indoors _____ Outdoors _____
14. Has your pet been neutered/spayed? If yes, at what age?
15. If female, and intact, has she had normal heat cycles? When was the last cycle? Any pregnancies? Problems?
16. If male, and intact, does he have normal interest in females? Excessive?
17. Do you or did you use any of the following: Flea spray (aerosol), flea dips, flea mist, flea collar, powders, baths, flea foam, cythioate, fenthion? How often?
18. Have you seen any fleas on your pet?
19. Do you use insecticides in your home? In the yard?
20. What medications has your pet been using since this problem started?
21. Did this medication help or cure the problem?
22. Does your pet use food supplements or vitamins?
23. Is your (dog) on heartworm medication?
24. What type and brand of food do you feed your pet?
25. Does your pet have any of the following: cough, sneeze, vomit, runny nose, runny eyes, diarrhea, poor appetite, excessive appetite, excessive drinking, worms, shake head, trouble with urination?
26. Does your pet have any other illnesses?