



Dermatology Case History

Date: _____ Last Name: _____ Patient: _____

Please answer the questions to the best of your ability. The doctor will go over these questions with you in the exam room.

Primary reason for referral? _____

Other pets in the household? **Yes** **No**
If yes, indicate the number and species: _____

Vaccine history:

Is your pet up to date on vaccines? **Yes** **No**

Flea/Tick control: Place a check by the flea/tick preventative your pet is on.

FRONTLINE FRONTLINE SPRAY ADVANTAGE ADVANTIX
REVOLUTION SENTINEL PROGRAM COMFORTIS
PREVENTIC COLLAR OTHER: _____

Please indicate how often the flea/tick product is applied? _____

Are your other pets on flea/tick prevention? **Yes** **No**

Have you had a recent tick and/or flea problem? **Yes** **No**

Heartworm control: What heartworm control is your pet currently on?

HEARTGUARD INTERCEPTOR SENTINEL REVOLUTION
OTHER: _____

Diet:

What is your pet's current diet? _____

List all the treats your pet eats: _____

Has your pet ever been on a food trial or hypoallergenic diet? If so, which one?

Last name: _____ **Patient:** _____

Medications:

Has your pet received steroids (cortisone or “allergy shots”)?	Yes	No
If yes, did your pet get better with steroids?	Yes	No
Is/Has your pet been on antibiotics?	Yes	No
Is/Has your pet been on antifungal medication?	Yes	No
Is/Has your pet been on topical therapy (i.e. shampoos, sprays, creams, lotions etc) for its skin?	Yes	No
Is/Has your pet been on antihistamines (i.e. Benadryl)?	Yes	No
Is/Has your pet been on fatty acids (i.e. fish oils)?	Yes	No
Is/Has your pet been on topical ear medications?	Yes	No
Is/Has your pet ever been on ATOPICA (cyclosporine)?	Yes	No

Please list any other medications your pet is currently on (this includes, vitamins, herbal meds, arthritis medication)?

To your knowledge, does your pet have any adverse reactions to any medications?

If yes, please list medication(s)? _____

Do not need to answer: Any persons in the household are diabetic, have breathing problems (asthma), on medications for Parkinson’s disease or immunosuppressed (on chemotherapy, HIV, high doses of steroids)?

The Doctor may need to know this if she decides to prescribe certain medications or is suspicious of certain diseases.

Additional notes: _____
