

Dermatology Pet Questionnaire

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? _____

When did the problem start (i.e. years, months, days or weeks ago)? _____

Where is your pet itchy (**Itchiness also equals: rubbing, chewing, scratching, licking, over-grooming**)?

FACE	EARS	MUZZLE	EYES	NECK	BACK	GROIN
PAWS	REAR LEGS	FRONT LEGS	TAIL	UNDERARM	ABDOMEN	

OTHER: _____

Please grade your pet's itchiness on scale of 1-10 (with 1 meaning occasional scratching and 10 meaning constant severe scratching)? _____

Is itchiness more in front half or back half of body? _____

Is the problem worse during certain times of the year? If so, when? _____

Any ear infections and/or itchiness currently or in past? _____

Are there other pets in the household?	Yes	No
If yes, indicate the number and species: _____		

Are there other pets affected?	Yes	No
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Are there humans affected?	Yes	No
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Has your pet ever been skin allergy or blood allergy tested?	Yes	No
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Has your pet ever been on allergy vaccines?	Yes	No
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Medications:		
Has your pet received steroids (cortisone or "allergy shots")?	Yes	No
If yes, did your pet get better with steroids?	Yes	No

Last name: _____ **Patient:** _____

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
Is/Has your pet ever been on APOQUEL?	Yes	No
Is/Has your pet ever been on CYTOPOINT injection?	Yes	No

Flea/Tick control: Please circle the flea/tick preventative your pet is on.

COMFORTIS NEXGARD BRAVECTO SENTINEL TRIFEXIS
SIMPARICA 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 flea and/or tick problem?	Yes	No

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

Diet:

What brand of food is your pet eating?

List all brands of food your pet has previously eaten:

List all the treats your pet eats: _____

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