GREATER CINCINNATI
VETERINARY SPECIALISTS
AND EMERGENCY SERVICES

Dermatology History Form--Recheck

Your Name: _____ Date:_____

Patient's Name:_____

1. How has your pet's skin/ ear problem changed since his/her previous visit?

_____

_____

2. Please rate how itchy your pet has been since his/her previous visit:
(not itchy) 0___ 1___ 2___ 3___ 4___ (moderate) 5___ 6___ 7___ 8___ 9___ 10___ (severe)

3. Please list the body parts that are most affected/itchy/bothersome to your pet at this time:

_____

4. What food(s) does your pet eat? Please list all pet foods as well as treats and "human foods."

_____

5. Please list any medications that your pet has received since the previous visit.

Medication Name	Dose	Frequency	Helpful (Y/N)?

6. Does your pet experience any of these other clinical signs or problems? Check all that apply.

_____Vomiting

_____Diarrhea

_____Weight Gain/ Weight Loss

_____Seizures

_____Excessive/ Frequent Urination

_____Excessive Thirst

_____Lethargy

_____Runny Eyes

7. Is there anything else you would like us to know about your pet or family?

_____

_____