



Dermatology History Form-New Patient

Your Name: _____

Date: _____

Patient's Name: _____

1. What is the primary dermatologic problem/reason for your visit today?

2. How long has the current problem been present?

3. Does your pet have a history of skin/ear issues prior to this problem?

4. Is this problem worse at certain time(s) of the year or has it been constant throughout the year(s)? If yes, when is it at its worst? And its best?

5. Please rate how itchy your pet is when s/he is most severely affected:

(not itchy) 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ (moderate) 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ (severe)

6. Please list the body parts that are most affected/itchy/bothersome to your pet:

7. Has your pet traveled outside of Kentucky, Ohio, or Indiana? Yes / No. If yes, please list:

8. Do you have other pets in the home? Yes / No. If yes, please list:

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