

Dermatology Clinic for Animals

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Patient History Form

Pet's Name _____ Client's Name _____

1. Chief complaint(s) _____

Age of pet when you acquired him/her _____ Age now _____

2. Approximate date when problem first started _____

3. Is it seasonal or continuous? _____

4. Was the problem initially seasonal? _____

5. Is there a time when disease is less severe or the itching is less intense? _____

6. What did the problem look like initially? (Please check)

Normal skin, just itchy _____ Hair loss _____ Rash _____ Pimples _____ Redness _____

7. Where did it start? (Please check)

Nose _____ Eyes _____ Ears _____ Neck _____ Back _____ Rump _____ Tail _____ Front paws _____

Back legs _____ Back paws _____ Chest _____ Abdomen _____ Groin _____

8. Has it spread? _____ If so, where? _____

9. Does your pet scratch, rub, chew, lick, or bite the following (Please check)

Nose _____ Muzzle _____ Eyes _____ Ears _____ Neck _____ Back _____ Rump _____ Tail _____

Armpits _____ Front legs _____ Back legs _____ Thighs _____ Back paws _____ Front paws _____

Chest _____ Abdomen _____ Groin _____

10. Was the itching the first thing noticed? _____

11. Do you have other pets? _____

If yes, describe _____

12. Any have skin problems? ____
If yes, explain _____
13. Do any people in the household have skin problems? _____
14. Percent of time pet is confined indoors? ____ Outdoors? ____
15. What is the primary indoor flooring surface? Carpet ____ tile ____ wood ____ other ____ If carpeting, does it contain wool? Yes ____ No ____
16. Are symptoms worse indoors, night, morning? _____
17. If a female, are or were there normal heat cycles? ____
18. If a male, does he have normal interest in females? _____
19. Do any relatives of your pet have any skin problems that you are aware of? _____
If yes, explain _____
20. Do you use flea control? ____ If yes, circle which ones used: Powder, Dips, Sprays, Collars, Baths, Spot-ons. What brands? _____
21. Do you use insecticides in your home? _____ Frequency _____
22. Please list medications your pet has been on for the problem.
Apoquel ____ Cytopoint ____ Antihistamines ____ Steroid pills ____ Steroid shots ____ Antibiotics ____ Other _____
23. Did any help the problem? ____ If yes, which? _____
24. Any other medications, vitamins, food supplements? _____
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25. Your pet's regular diet? (brand, ingredients) _____
-
26. Does your pet have any other health problems? (Please check) Cough ____ Sneeze ____
Runny eyes ____ Vomiting ____ Diarrhea ____ Tires easily ____ Limps ____ Drinks excessively ____ Urinates
excessively ____ Back paws ____ Chest ____ Abdomen ____ Groin ____
27. How often do you bathe your pet? _____
What shampoo and/or conditioner do you use? _____
28. Is your pet exposed to tobacco smoke? Yes ____ No ____

Comments: _____
