

Carolina Veterinary Specialists Medical Center

DERMATOLOGY HISTORY QUESTIONNAIRE

Patient Name: _____ Date: _____

1. Briefly describe your pet's problem(s): _____

2. How long has it been present? _____

3. Approximate age of onset? _____

4. Was the onset sudden or gradual? _____

5. Is the problem continual or intermittent? _____

6. Are there certain times of the year when the problem occurs or is worse? (If yes, please specify when symptoms are worse) _____

7. What areas of the body are affected?

8. Does the pet scratch, chew, or lick themselves?

9. Is there loss of hair? _____ Where? _____

10. Are there changes in the color of the haircoat? _____

Please describe: _____

11. Are there changes in the color of the skin? _____

Please describe: _____

12. What other pets are in the household? _____

13. Do any of the other pets have skin problems? _____

14. Do any members of the household have skin problems? _____

15. Do any members of the household smoke? _____

16. Describe the pet's diet: _____

17. Is the pet mostly: indoors outdoors both (circle one)

18. What does your pet contact indoors in terms of rugs, bedding, etc.? _____

19. What does your pet contact most in the outside? (fenced yard with grass, fields, woods, etc.) _____

20. Are carpet deodorizers used in the house? _____
21. Does your pet ever have fleas or ticks? _____
22. What is being used to control fleas? (Please be as specific as possible)
- In the house: _____
- In the yard: _____
- On the pet: _____
23. What treatment(s) has your pet received for his/her problem? _____
- _____
24. Has there been any response? _____ For how long? _____
- _____
25. When did your pet last receive treatment? _____ What was it? _____
- _____
26. Does your pet have any other diagnosed health problems? (seizures, heart problems, etc.)
- _____
27. Does your pet have any other symptoms that you feel are abnormal? _____
- _____

PLEASE NOTE: SKIN TESTING CAN ONLY BE PERFORMED IF THE PATIENT HAS BEEN OFF OF THE FOLLOWING MEDICATIONS FOR THE APPROPRIATE LENGTH OF TIME:

- **Oral Steroids** for a minimum of **4 weeks**
Prednisone, Prednisolone, Dexamethasone, Triamcinolone/Vetalog, etc.
- **Injectable Steroids** for a minimum of **8 weeks**
DepoMedrol, Triamcinolone/Vetalog, etc.
- **Topical Steroids** for a minimum of **4 weeks**
All cortisone lotions, creams, ointments, or sprays
Most ear medications - Otomax, Tresaderm, Panalog, Synotic, etc.
- **Antihistamines** for a minimum of **2 weeks**
Benadryl/Diphenhydramine, Atarax/Hydroxyzine, Tavist, etc.
- **Oral Progestogens** for a minimum of **4 weeks**
Ovaban

Please remind owners about the ear and eye medications, since they often forget and use them up until their appointment. If they have any questions about medications they are administering or applying on their pet, please write down the product and check with Brandi or Dr. Thomas.