

Dermatology History Information

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Client's Name _____ Pet's name _____ Date _____

1. Primary concern(s) _____

2. How long has your pet had a skin problem? _____ Approx. date when skin problem started _____

3. Age of your pet when you obtained them _____ Age when skin problem started _____

4. Does the skin condition seem better or worse during any particular season? _____

5. If it is not seasonal now, was it seasonal initially? _____

6. Does it come and go, get better then worse? _____

7. Where on the body did the problem start? _____

8. What did it look like initially (red bumps, hair loss, itch?) _____

9. How has the problem spread or changed? _____

10. If your pet is itchy, did you notice itch first or skin lesions first? _____

11. Does your pet scratch, rub, lick, chew or bite the following areas?

nose face eyes ears neck/chest back rear end tail front legs or paws

back legs or paws armpit stomach groin

12. Have you seen any of the following in the past or currently in relation to your pet's skin condition?

rubbing face on floor/furniture shaking head dry skin or coat greasy skin or coat scaly skin

crusty skin reddening of skin pimples bumps on skin oozing sores open/bleeding sores

hair loss darker skin lighter skin thicker skin fleas

13. Do you have any other pets (describe) _____

14. Do any other pets or humans in the household have any skin problems? _____

15. Do any relatives of your pet, that you know of, have skin problems? _____

16. Percent of time your pet spends indoors? _____ outdoors? _____

17. Is there any condition or environment that makes skin problem worse (being outside, morning vs. evening, going camping, to dog park, etc)? _____

18. If your female pet has not been spayed does she have normal heat cycles? yes no

19. If your male pet has not been neutered does he have a normal interest in females? yes no

20. If your pet is spayed or neutered, at what age did this occur? _____

21. Does your pet do any of the following? cough sneeze runny eyes vomit diarrhea limp

drink excessively urinate excessively ear infections been sick from skin disease

have a fever with skin disease experienced disagreement with any foods change in appetite

22. Do you use flea control? yes no What kind? _____ Frequency _____

23. Do you use insecticides in your home? yes no What kind? _____ Frequency _____

24. List any medications (current or previous) your pet has received for their skin condition, i.e.; shampoos, topicals, ointments, pills, dips, etc. _____

25. Did any of these seem to help? yes no Which ones helped? _____

26. Which medications is your pet currently receiving? _____

27. What is your pet's current diet/treats, etc.? _____

28. Have any vitamins, supplements, or food trials been used for this condition? yes no

Which ones? _____

29. Did they help? yes no

30. Any other thoughts you have relating to the skin condition. For example, what do you think is the cause or problem? _____