



Patient Dermatological History Form

Patient Name: _____

Date: _____

Primary Concern/Presenting Problem: _____

Age of pet when skin problem started: _____

Duration of problem: _____

What was the first thing you noted when problem started?

(ie itching, rash, red skin, scale, crust, ect: _____)

Where on the body did the problem start? (circle)

Nose	Top of back	Back legs
Around eyes	Rump	Front paws
Mouth/muzzle	Sides of trunk	Back of paws
Ears/ear flaps	Tail	Chest
Abdomen/stomach/groin	Under tail	Nails
Neck	Front legs	Other:

Has the problem spread? YES or NO

If yes, to what body site(s): _____

Does your pet itch? (Itch= licking, biting, scratching, chewing, rubbing, rolling) YES or NO

Where does your pet itch? (circle)

Nose	Top of back	Back legs
Around eyes	Rump	Front paws
Mouth/muzzle	Sides of trunk	Back of paws
Ears/ear flaps	Tail	Chest
Abdomen/stomach/groin	Under tail	Nails
Neck	Front legs	Other:

Severity of itch/irritation (circle): (rare/normal) 1 2 3 4 5 6 7 8 9 10 (severe)

If there is a rash also, did **itch start before rash**? Or did **rash start before itch**? (circle)

Is itch present 12 months of the year? (ie is the itch a year round problem? YES or NO

If no, what month/season does your pet itch? _____

Is itch worse **indoors** or **outdoors** or **no difference**? (circle)

How much time does your pet spend outdoors? _____%

Is there hair loss? YES or NO

Does the hair grow back? YES or NO

Where is the hair loss? _____

Food: _____

Treats/Snacks: _____

Previous diets fed: _____

Medications: _____

Supplements/Shampoo: _____

Flea products: _____

Frequency/duration? _____ Last dose? _____