



Serving South Jersey For Over 40 Years
856-234-7626 • 220 Mount Laurel Road
Mount Laurel, NJ • mlahvet.com

24 Hour Emergency & Specialty Care

Dermatology Patient History Form

Pet's Name:

Owner's Name:

Phone #:

Email:

Primary Vet Clinic:

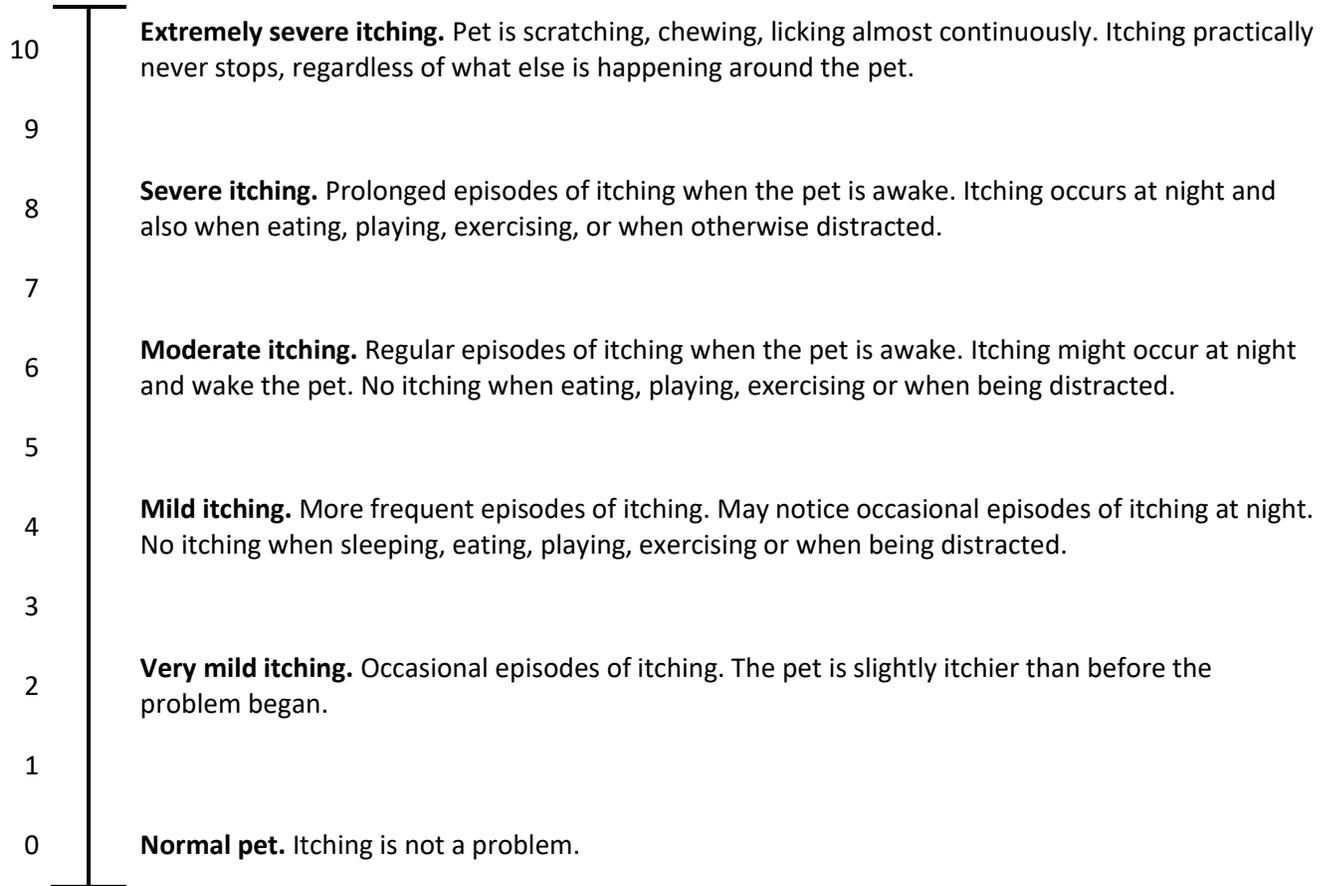
Primary Vet Name:

How did you hear about us? Who referred you to MLAH Dermatology?

1. When did you adopt/acquire your pet?
2. What is the primary presenting complaint today?
3. How long has the problem been present? How old was your pet when the problem first started?
4. When the problem started, did it arise suddenly or gradually over a period of time?
5. What did the skin or ear problem look like initially?
6. How has it changed or spread?
7. The problem has been (select one):
 - a. Constant, even with medication
 - b. Improved with medication
 - c. Intermittent
8. Is the problem worse seasonally? If so, what time(s) of the year?
9. Have there been any recent environmental changes? Is your pet predominantly indoors/outdoors?

10. Is your pet itchy (licking, biting, scratching, chewing, rubbing, scooting, shaking head, etc.)?

11. Rate your pet's itchiness using the descriptions in the following scale (select a number).



12. What happened first – itching or skin lesions/changes?

13. List the medications/supplements that your pet is currently receiving, including flea/tick and heartworm prevention (name specific brands). Note duration and date last given if known.

14. List any medications/supplements that your pet previously received if prescribed for a similar dermatologic issue (especially if not listed above).

15. On the chart of medications below, check if your pet has received them and, if so, how much relief they provided.

Treatment or Medication	Was the medication given?			If given, how much did it help?		
	Yes	No	Not sure	Helped greatly	Helped somewhat	Did not help
Steroids (Temaryl P, prednisone, Vetalog, Medrol, dexamethasone)						
Antibiotics (ex. Simplicef, cephalixin)						
Antihistamines (ex. Benadryl, Zyrtec, hydroxyzine)						
Antifungal (ex. ketoconazole, fluconazole, terbinafine)						
Cyclosporine (Atopica, capsule or liquid)						
Apoquel (white tablet)						
Cytopoint (monthly injection)						

16. Has your pet had any adverse reaction to medications? If yes, please explain.

17. Are you able to easily administer oral and/or topical medications to your pet? Are oral pills vs. liquids preferred?

18. Has your pet ever had environmental allergy testing (blood or skin) with resultant allergy vaccines (oral or injectable) in the past? If so, how long were the vaccines given?

19. What do you feed your pet? (brand, protein type) How much is fed per day (ex. 1 cup twice daily)? How long have you been feeding this diet?

20. Has your pet tried other "allergy-type" or prescription diets? If so, please list the diet names and approximate duration(s) fed.

21. Has your pet had any of the following: vomiting or diarrhea, picky appetite, gassiness, burping, frequent bowel movement, sensitive stomach, other gastrointestinal (GI) related symptoms? If so, please explain.

22. How often do you bathe your pet? With what shampoo? When was the last bath? Any other topicals?

23. List other pets in the household. Do they have any skin problems?

24. Do any people in the house have skin lesions or itching? [Depending on the case, we may discuss zoonotic/contagious diseases, but please see your own physician for human medical concerns].

25. Other than skin disease, does your pet have any diagnosed medical conditions? Any other non-derm symptoms? Receiving any other non-derm medications?

26. Is there any other important information about your pet that you would like to share?