

## Dermatology History Information

Dr. Christine Graham-Mize DVM, MS, Diplomate American College of Veterinary Dermatology

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? \_\_\_\_\_



755 Capital Drive SW  
Cedar Rapids, IA 52404  
Phone: (319) 841-5161 • Fax: (319) 841-5160  
[www.eivsc.com](http://www.eivsc.com)