## THESKINVET CLIENT HISTORY QUESTIONNAIRE FOR EXTENDED E-CONSULTATIONS

I can give more definitive advice if this form is completed as fully as possible.

Referred Pet's Name:	Referring Veterinary Surgeon's Details:
Owner:	Preferred Vet:
Mobile(s):	Practice/branch:
Email Address(es) :	
Brief History: Approximate Age of Onset:	
Description of Skin Lesions:	Photos $\square$
Visibly affected Body Sites:	
Any Seasonality: Y/N (Spr/Sum or Aut/Wint)	Wax & Wane Y/N Constant Y/N Progressive Y/N
Ear Infections Y/N (approximate total number of episodes:	
Itch Score (please refer to attached scoring chart): /10	
Itchy Regions: Facial Y/N Ears Y/N Back/Top of tail base Y/N Un	Flanks Y/N derside Y/N Around anus Y/N Paws Y/N
General History	
Thirst: Reduced/Normal/Increased	Exercise tolerance (for age): Poor/Normal
Appetite: Reduced/Normal/Increased	Gastrointestinal: Stool Consistency Stool Frequency /day Flatulence Y/N
Cardiorespiratory: Sn	eezing episodes: Y/N frequent/intermittent
Urinary: Oc	ular (esp. runny eyes):
Auditory (hearing): Deaf /Reduced/Normal	
Previous conditions:	
Concurrent conditions (& other non-dermatological medications):	
Routine Management: Past & Current Diets (incl. titbits/treats/scraps, medication aids, supplements etc.):	
Ectoparasite Control (product, frequency, last 2 approximate dosing dates):	
Any Household Parasite Control (product/frequency):	
Any other therapy (deworming/pet shop/herbal/homeopathic):	

Related animals/In contacts/Pet Parents: How long has the Referred Pet been part of the family:		
Origin - where is he/she from: KC Breeder / Hobby-bred / Rescued / Re-Homed / Born at home		
What is the Health of all the Litter Mates & Parents:		
Any other Pets at Home (any skin issues at all?): Y/N		
Do any close Human Contacts have any skin issues/compromised immunity? Y/N		
Are any household members Health Care Workers: Y/N		
Behaviour: Good / Nervous / Aggressive / Kennel Guarder Any Smokers at Home: Y/N		
Lives Indoors? (where): Whole house/Downstairs only Bed (what & where):		
Outdoor/Exercise (where):		
How Long Resident at Current Address:	Any Recent/Current Redecorating: Y/N	
Travel Abroad (any owned pets, where, when, within last 7 years):		
Boarding/Day Care: Y/N	Pet-sitter/Walker: Y/N	
Groomer (visits & treatments given): Y/N	Washing Products used: Vet/Groomer/Unknown Ear Hair Plucking: Y/N	
Main Past & Present Oral & Topical Treatments: (current or past drug, dose, frequency, duration, compliance, <u>response to treatment</u> , side effects)		
Drug 1:		
Drug 2:		
Drug 3:		
Drug 4:		
Drug 5:		
Drug 6:		
Any Known/Suspected Drug Sensitivities/Reactions:		
Additional Comments:		