**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:**

**Owner’s Full Name:**

Mobile Number(s):

Email Address(es):

**Referring Veterinary Surgeon:**

Preferred Vet:

Practice/branch:

**Brief Dermatological History:**

Approximate Age of Onset:

Description of Skin Lesions: Photos: Y/N

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 Flanks Y/N

Back/Top of tail base Y/N Underside 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: Sneezing episodes: Y/N frequent/intermittent

Urinary: Ocular (*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

**Environment**

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, response to treatment, side effects)*

Drug 1:

Drug 2:

Drug 3:

Drug 4:

Drug 5:

Drug 6:

Any Known/Suspected Drug Sensitivities/Reactions:

**Additional Comments:**

Important considerations relating to opinion expressed: there are limitations to advice given by email on cases that have not been seen in person. These E-Consults, cannot be considered as formal referrals and the patient will remain under the direct care of the primary veterinary surgeon, in accordance with [RCVS guidelines](https://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/referrals-and-second-opinions/)

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Thank you for your co-operation.

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