

## Dermatology History Information

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Client Name \_\_\_\_\_ Pet name \_\_\_\_\_ Date \_\_\_\_\_

1. Primary concern(s) \_\_\_\_\_
2. How long has your pet had a skin problem? \_\_\_\_\_ Approx. date when skin problem started \_\_\_\_\_  
Age of your pet when you obtained them \_\_\_\_\_ Age when skin problem started \_\_\_\_\_
3. Does the skin condition seem better or worse during any particular season? \_\_\_\_\_  
If it is not seasonal now, was it seasonal initially? \_\_\_\_\_  
Does it come and go, get better then worse? \_\_\_\_\_
4. Where on the body did the problem start? \_\_\_\_\_  
What did it look like initially (red bumps, hair loss, itch?) \_\_\_\_\_  
How has the problem spread or changed? \_\_\_\_\_  
If your pet it itchy, did you notice itch first or skin lesions first? \_\_\_\_\_
5. 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
6. 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
7. Do you have any other pets (describe) \_\_\_\_\_  
Do any other pets or humans in the household have any skin problems? \_\_\_\_\_
8. Do any relatives of your pet, that you know of, have skin problems? \_\_\_\_\_
9. Percent of time your pet spends indoors? \_\_\_\_\_ outdoors? \_\_\_\_\_
10. Is there any condition or environment that makes skin problem worse (being outside, morning vs. evening, going camping, to dog park, etc)? \_\_\_\_\_
11. If your pet has not been spayed/neutered...if female does she have normal heat cycles?  yes  no  
If male does he have a normal interest in females?  yes  no  
If your pet is spayed or neutered, at what age did this occur? \_\_\_\_\_
12. 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
13. Do you use flea control?  yes  no What kind? \_\_\_\_\_ Frequency \_\_\_\_\_  
Do you use insecticides in your home?  yes  no What kind? \_\_\_\_\_ Frequency \_\_\_\_\_
14. List any medications (current or previous) your pet has received for their skin condition (shampoos, topicals, ointments, pills, dips, etc.) \_\_\_\_\_

Did any of these seem to help?  yes  no Which ones helped? \_\_\_\_\_

Which medications is your pet currently receiving? \_\_\_\_\_

15. What is your pet's current diet/treats, etc.? \_\_\_\_\_

Have any vitamins, supplements, or food trials been used for this condition?  yes  no

Which ones? \_\_\_\_\_ Did they help?  yes  no

16. Any other thoughts you have relating to the skin condition (ie. What do you think is the cause/problem?) \_\_\_\_\_