

# Skin Problems Questionnaire

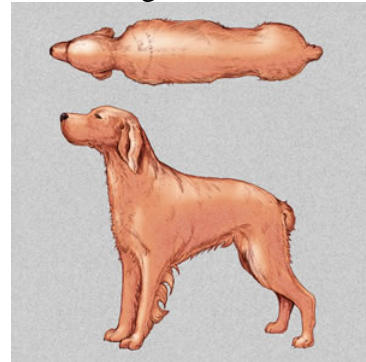
Date \_\_\_\_\_ Name of pet \_\_\_\_\_ Owner's name \_\_\_\_\_

A thorough history can help us find the source of you pet's itching more quickly. Please answer the following questions to help guide the diagnostic process.

## Physical Evaluation

Please check any that describe your pet and circle problem areas on the drawing.

- Hair loss
- Foul odor
- Inflammation or redness
- Itching/Scratching
- Otitis (ear infections)
- Licking/Chewing
- Skin lesions (sores)
- Changes in skin (reddish brown stains, discoloration and/or areas that are thick and leathery)
- Other \_\_\_\_\_



**Circle Problems Areas**  
(Itching, hair loss, lesions, etc.)

Has your pet ever had ear problems?  Yes  No

Does your pet have any chronic gastrointestinal signs like diarrhea or vomiting?  Yes  No

## Severity Evaluation

On a scale of 0 to 10, rank the severity of your pet's symptoms.

### SEVERITY OF CONDITION OVERALL

0    1    2    3    4    5    6    7    8    9    10  
No symptoms Severe

### SEVERITY OF SKIN LESIONS

0    1    2    3    4    5    6    7    8    9    10  
No lesions Severe

### SEVERITY OF SCRATCHING/LICKING/CHEWING

0    1    2    3    4    5    6    7    8    9    10  
No signs Severe

## Onset and Seasonality Evaluation

Is this the first time your pet has experienced these symptoms?  Yes  No

If no:

- At what age did the symptoms first occur?  <1yr  1-3yrs  4-7yrs  7+ yrs

- Has it occurred around the same time of year each year?  Yes  No
- Approximate time of year symptoms occur \_\_\_\_\_

How long have the **current** symptoms been going on? \_\_\_\_\_

Did the itch start gradually and over time slowly become worse?  Yes  No

Did the itching come on all of a sudden?  Yes  No

Were there visible skin lesions first or itching first?  Lesions first  Itch first  Simultaneous

### Parasite Control

Is your pet on flea/heartworm preventative?  Yes  No

If yes:

- what product(s) \_\_\_\_\_
- What months do you administer the preventative? \_\_\_\_\_
- When was the last time you administered the parasite control? \_\_\_\_\_

### Lifestyle Evaluation

Where does your pet live?  Indoors  Outdoors  Both

- If outdoors, please describe environment \_\_\_\_\_

Are there other pets in your household?  Yes  No

- If yes, do these pets have the same symptoms?  Yes  No

If these pets are cats, do they go outside?  Yes  No

In the last year has your pet been to any of the following: boarding facility; obedience school; training; groomer's; dog park; doggie daycare; pet store?  Yes  No

- If yes, when was the last time? \_\_\_\_\_

Have you taken your pet on a trip to another location?  Yes  No

- If yes, please indicate when and location \_\_\_\_\_

Have you recently moved?  Yes  No

Have you taken your dog camping, in the woods, or on a walking trail?  Yes  No

Have you used any new shampoo or topical skin treatments recently?  Yes  No

Are any humans in your household exhibiting signs?  Yes  No

### Dietary Evaluation

What pet food are you feeding? \_\_\_\_\_

Do you feed the same food all the time or provide a variety?  Always same  Variety

Have you changed his or her diet recently?  Yes  No

Do you give your pet packaged treats?  Yes  No

Do you feed your pet "human" food?  Yes  No

### Relationship/Behavioral Evaluation

Indicate if and how your pet's itching has affected his/her behavior and relationship with you. (Circle all appropriate answers)

#### Sleeps Through the Night

Always      Usually      Occasionally      Never

## Activity Level

Totally inactive      Much less active      Somewhat less active      No change

## Social Behavior

Unsocial      A lot less social      Somewhat less social      No change

## Relationship Changes

Fewer walks      No longer sleeps in bed/same room      Interacts less with family

## Prior Treatments

Has your dog been treated for itching before?     Yes     No

Indicate previous treatments administered to your dog: (check all that apply)

- Steroids (prednisone, etc)     Shampoos     Sprays     Ointments
- Antibiotics (cephalexin, Simplicef™, Convenia™)
- Hypoallergenic food . Please name brands/types used \_\_\_\_\_
- Fatty acids     Antihistamines (Benadryl™, hydroxyzine, etc)
- Immunotherapy (Atopica™, cyclosporine, etc)
- Other (please specify) \_\_\_\_\_

## Next Steps

Based on the information you have provided, some or all of the following may be performed to further diagnose the problem and come up with a treatment plan:

### Physical Exam:

Lesion appearance and locations can provide valuable clues.

### Laboratory Testing:

- Ear Swab - To identify any infections in the ear including yeast and/or bacteria.
- Skin Scrape - To detect scabies or demodex mites.
- Hair Pluck- To look for mite eggs and yeast spores.
- Cytology - To evaluate presence and appearance of skin cells, and check for presence of yeast and/or bacteria
- Blood and urine tests – underlying systemic conditions can predispose pets to skin problems.

*Thank you for taking the time to fill out this form. It will be a valuable tool in helping your pet feel better. You may bring it with you to your appointment, or fax it to the office in advance.*

*Please feel free to contact us with any questions.*

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