

Muscle/Skeletal Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the presenting complaint?

2. What is the location of the problem? (i.e. limping on right rear leg)

3. When did it begin/how long has it been going on?

4. What is the severity? (i.e. pet isn't putting weight on leg)

5. What usually triggers the problem? (i.e. after exercise, after laying down for long periods, etc.) _____
6. Does anything seem to make the problem worse or more severe?

7. Does anything seem to make the problem better or less severe?

8. Is your pet able to walk on his/her own? _____
9. Does your pet seem to be experiencing any pain or discomfort? If yes, on a scale of 1-10, how severe? _____
10. Does the problem seem to come and go?

11. Has your pet's head started to tilt to one side recently? _____
12. Do your pet's eyes ever move back and forth, or up and down uncontrollably?

13. Has the problem improved at all over time, or has it seemed to progressively get worse?

14. Has your pet eaten today? _____
15. Has your pet ever had this kind of problem before? If yes, were any medications given?

16. Have you given you pet any kind of medicine for pain?

17. Is your pet currently on any medications? If so, list:

18. Does your pet have any known allergies?

19. Is your pet kept indoors, outdoors, or both? _____
20. What is your pet's current diet? (be specific)

21. On the affected limb, does the muscle appear to be smaller or less pronounced?

22. Has your pet been away from its normal environment, or been around any new animals recently? _____