

Patient History Questionnaire

Patient Information Label

Identifying the Problem & Its Components

1. What is the presenting complaint?

2. When was the last time your pet was normal?

3. What is the location of the problem? (i.e. pet is limping on left rear leg)

- **CHARACTER OF PROBLEM**
4. What is the severity? (i.e. pet is not putting any weight on leg)

5. When did it begin?

6. How long has it been going on?

7. What time of day does it usually occur? (i.e. pet vomits every morning)

8. How often does it occur?

- **CONTRIBUTING FACTORS**
9. What usually triggers the problem? (i.e. pet limps after playing)

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

11. Does anything seem to make the problem worse or more severe?

12. Are there any other problems associated with the presenting complaint? (i.e. presenting complaint is that pet has diarrhea, but pet is now also vomiting.)

- **PROGRESSION**
13. Has the problem improved at all over time, or has it seemed to progressively get worse? _____
- **PAIN**
14. Does your pet seem to be in any pain?

15. If yes, on a scale of 1-10 (1 being almost none and 10 being excruciating) what do you feel is your pet's level of pain? _____

Other Components of the Patient's Health & History

o MEDICAL HISTORY

16. Does your pet have any other current medical or surgical conditions? If so, list:

17. Does your pet have any known allergies? If so, list:

18. List any current medications your pet is on:

19. Have any previous tests been run on your pet? (i.e. X-rays, blood work, etc.)

20. Has your pet been vaccinated? If so how long ago and where?

o DIET/APPETITE/WATER INTAKE

21. What is your pet's current diet? (be as specific as possible. Include treats or any human food given.) _____

22. What is your pet's appetite like?

23. What is your pet's water intake like?

o BMS/URINATION/VOMITING

24. Describe your pet's bowel movements: (consistency, color, frequency, amount, etc.) _____

25. Describe your pet's urination: (color, amount, frequency, if any odor, any changes in routine, etc.) _____

26. If your pet is vomiting, please describe what the vomit looks like:

o EXERCISE/HUSBANDRY CARE

27. What kind of exercise does your pet get and how often?

28. Does your pet get bathed or groomed? If yes: how often, by whom, what was done, and when was the last time? _____

29. Is your pet on any flea or heartworm prevention? If yes, what kind?

30. When was the last time it was applied/given?

Geographical History

31. Have you ever traveled with your pet out of the area? If so where and how long ago? _____

32. Where did you get your pet? (i.e. breeder, shelter, stray, etc.) _____

33. Are you your pet's first owner? If no, give any details you can about any prior ownership: _____

34. Has your pet recently been in contact with any other animals? If so what kind and when? _____

35. Has your pet recently been in contact with other humans besides you or your family? If so who, when, and where? _____

Environmental History

36. Has your pet recently been away from its normal environment? (i.e. to a pet store, a dog park, wandered around the neighborhood, etc.) _____

37. Is your pet kept indoors, outdoors, or both? If outdoors describe the area where pet is kept. (i.e. shade, food, water, protection from weather, etc.) _____

38. Does your pet have any access to trash, chemicals, or any other hazardous materials? If so, list: _____

39. Does your pet chew on toys or other objects? If yes, have any gone missing lately, or have been chewed up? _____

40. Has your pet been under any kind of stressful event recently? If so, list: (i.e. boarding, traveling, company at your home, construction on your home, etc.) _____

Family History & Additional Information

41. List any information you may have about your pet's family history: (i.e. genetic defects, infectious diseases, what his/her relatives may have died from, etc.) _____

42. List any other information about your pet that may be useful: _____

