



Case label here

Clinician	_____
Date	_____
Referring Vet	_____
Telephone (H)	_____
Telephone (W)	_____
Insured YES / NO Company	_____

**DERMATOLOGY HISTORY AND EXAMINATION FORM**

<b>PRESENTING COMPLAINT</b>
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<b>GENERAL HISTORY</b>			
Age when acquired	Time owned		
Exercise			
Respiratory			
Gastrointestinal			
Appetite	Thirst	ml/day	
Urine/faeces			
Sexual			
Discharges			
Previous illness or injury			

<b>SOURCE</b>
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<b>RELATED ANIMALS/IN CONTACTS</b>		
Littermates/parents	No data or unknown	<input type="checkbox"/>
Animal contacts	Casual contacts only	<input type="checkbox"/>
Human contacts		

<b>ENVIRONMENT</b>		
Indoor	Full run of house	<input type="checkbox"/>
Sleeping area		
Outdoor	Free access/egress	<input type="checkbox"/>

<b>DIET</b>	Never or rarely given

<b>MANAGEMENT</b>	
Parasites seen	No parasites seen <input type="checkbox"/>
Parasite control	Environmental control
Grooming	
Bathing	
Other therapy	

<b>INITIAL PRESENTATION</b>	
Age of onset	Duration of disease
Initial clinical signs	
Seasonal variation	Non-Seasonal <input type="checkbox"/>
Progression	

<b>PRIOR INVESTIGATION</b>

<b>PRIOR THERAPY</b>

<b>NOTES</b>



**DIFFERENTIAL DIAGNOSES**


**INVESTIGATION**


**PRESENTING COMPLAINT**

Provisional/Confirmed

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**TREATMENT**


**COMMENTS AND ADVICE GIVEN**


**NEXT APPOINTMENT**

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