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PATIENT HISTORY

CLIENT NAME _____ **PET'S NAME** _____

1. Chief complaint(s) _____
2. Age of pet when you acquired him / her _____ Age now _____
3. Approximate date and/or pet's age when problem first started? _____
4. Is it a seasonal problem or a continuous problem? (please circle one if known) _____
5. If the problem is now continuous, was it initially seasonal? _____
6. Is there a time of year when the condition is less severe or the itching is less intense? _____
7. Have you traveled out of the area, state or country with your pet? _____ If you have, where did you go and was your pet's skin improved, no change or worse at this location? _____
8. Is your pet itchy? (Does he/she scratch, rub, chew, lick or bite themselves excessively?) _____
If yes, please circle the affected sites: face/muzzle eyes ears back rump tail armpit elbows
front legs back legs thighs front paws back paws chest abdomen(belly) groin anal area
Comments: _____
9. Do you have other pets? _____ If yes, describe _____
10. Do any of the pets have skin problems? _____ If yes, please explain _____
11. Do any people in the household have skin problems? _____
12. Percent of the time pet is kept: Indoors _____ Outdoors _____
13. Are symptoms worse indoors _____ outdoors _____ after pet comes indoors after a walk _____
at night _____ or in the morning? _____
14. Is your pet intact or neutered? _____ If neutered, at what age? _____
15. If a female, are or were there normal heat cycles? _____
16. If an intact male, does he have a normal interest in females? _____
17. Do any relatives of your pet have any skin problems that you are aware of? _____ If yes, please
explain _____
18. Do you use flea control? _____ If yes, please circle which types/methods are used: Topical or Oral?
How often is the Medication given or applied? _____ Name or Brand _____
19. Do you use heartworm preventative? _____ If yes, please circle which types/methods are used:
Topical or Oral? How often is the medications given or applied? _____ Name or
brand _____
20. Please list any medications/injections your pet has been on for the skin problem: _____

21. Did any help the problem? _____ If yes, which? _____
22. What is your pet's regular diet? _____ How long? _____
23. Does your pet ever receive table food? _____ If yes, what types? _____
24. Does your pet ever receive treats? (please circle) biscuits rawhides pig ears cow hooves
Please advise of other treats/dietary supplements fed to pet _____
25. Approximately how many bowel movements does your pet have per day? _____
26. Does your pet have any of the following? Increase or decrease in appetite? _____ Drink excessively?
_____ Urinate excessively/accidents in the house? _____ Excessive panting? _____
If yes to any above, for how long? _____
27. Please advise of any other additional information, such as pre-existing diseases/conditions that may be
present, or any additional comments: _____