

## Patient Name

<b>1. What is the main problem?</b>
<b>2. At what age was the condition first noticed?</b>
<b>3. Have there ever been any previous dermatitis or ear problems?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## Symptoms

<b>4. Have any of the following been observed:</b>					
<input type="checkbox"/> sores	<input type="checkbox"/> scabs	<input type="checkbox"/> dandruff	<input type="checkbox"/> hair loss	<input type="checkbox"/> odour	<input type="checkbox"/> hives
<input type="checkbox"/> heat	<input type="checkbox"/> redness	<input type="checkbox"/> diarrhoea	<input type="checkbox"/> tiredness	<input type="checkbox"/> weight loss	<input type="checkbox"/> weight gain
<input type="checkbox"/> depression	<input type="checkbox"/> ear infections	<input type="checkbox"/> increased appetite	<input type="checkbox"/> increased thirst		

Please omit questions 5, 6 and 7 if you did NOT tick ear infections above

<b>5. Ear infections</b>			
Is one ear affected or both?	<input type="checkbox"/> Left <input type="checkbox"/> Right		
Is one ear worse than the other?	<input type="checkbox"/> Left <input type="checkbox"/> Right		
Approximately how many times has your pet been treated for ear infections?			
<b>6. Have any of the following been observed</b>			
<input type="checkbox"/> ear discharge	<input type="checkbox"/> head shaking	<input type="checkbox"/> scratching the ear	<input type="checkbox"/> rubbing the ear
<input type="checkbox"/> head tilt	<input type="checkbox"/> haematoma	<input type="checkbox"/> loss of balance	<input type="checkbox"/> eye movement
other:			
<b>7. Do you know of any relatives of this pet that have ear problems</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 8. Does your pet...

<input type="checkbox"/> rub at the face	<input type="checkbox"/> head shake	<input type="checkbox"/> scratch at ears	<input type="checkbox"/> lick or chew the paws
<input type="checkbox"/> scratch at the sides	<input type="checkbox"/> lick the stomach area	<input type="checkbox"/> roll on the back	<input type="checkbox"/> bite at the tail area
<input type="checkbox"/> scoot on bottom	<input type="checkbox"/> eye discharge	<input type="checkbox"/> sneeze	<input type="checkbox"/> wheeze or cough
other:			

## 9. Do the symptoms vary?

If the dermatitis or ear problems have been present for some time, are the symptoms worse in:			
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Autumn	<input type="checkbox"/> Winter
Are there symptoms present all year round?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, would there be a time of no symptoms at some stage?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What (if anything), causes a worsening of symptoms?			
What helps?			

### 10. Home Details

Do you have any other pets?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how many?	cats	dogs	birds	other	
Do you know of any relatives of this pet that have skin problems?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does any human in the house have skin problems?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please estimate how much time your pet spends...		indoors	%	outdoors	%
Does your pet swim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, how often?	And where?	
Where does this pet sleep: what room?					
What type of bedding?					
What type of flooring do you have in your house?					
Where do you walk your pet and how often?					

### 11. Bathing

Does bathing...	<input type="checkbox"/> help	<input type="checkbox"/> worsen	<input type="checkbox"/> make no difference	
What type of shampoo are you using?				
How often do you bath your pet?	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly	<input type="checkbox"/> rarely	<input type="checkbox"/> Other?

### 12. Insects and Fleas

When was the last time a flea was seen on this pet?			
When was the last time a flea was seen on your other pets?			
What is the current flea treatment on this pet?			
How frequently do you use this flea treatment?			
Is flea treatment used on other pets?			
Do you see other insects in your environment?		<input type="checkbox"/> mosquitoes	<input type="checkbox"/> ants
<input type="checkbox"/> moths	<input type="checkbox"/> cockroaches	<input type="checkbox"/> flies	<input type="checkbox"/> other

### 13. Medication

Please give the name and dose of medication/s given		Last date given
<input type="checkbox"/> ear drops		
<input type="checkbox"/> tablets		
<input type="checkbox"/> ointments, lotions etc		
<input type="checkbox"/> injections		
<input type="checkbox"/> rinses		
Is your dog on heartworm prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes what type?



## 14. Diet

What do you normally feed your pet?			
<input type="checkbox"/> cans	<input type="checkbox"/> dry	<input type="checkbox"/> meat	<input type="checkbox"/> table scraps
If meat – which types?			
Any supplements? (e.g. vitamins, minerals, fatty acids, glucosamine etc)			
What do you give for snacks and treats?			
Have you ever fed a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what diet?	

## 15. General Health

Has there been any:			
<input type="checkbox"/> vomiting	<input type="checkbox"/> diarrhoea	<input type="checkbox"/> mucous stools	<input type="checkbox"/> lethargy
<input type="checkbox"/> increased water intake	<input type="checkbox"/> increased appetite	<input type="checkbox"/> weight gain	<input type="checkbox"/> weight loss
<input type="checkbox"/> weakness			

## 16. Does your pet have any other illness; if so please specify what medications are being prescribed

17. What do you think could be the cause of this skin problem?			