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DERMATOLOGY REFERRAL QUESTIONNAIRE

Dermatologist: Stephen Waisglass, B.Sc., D.V.M., CertSAD, DACVD

This form is designed to be completed by hand and faxed or mailed.

SECTION A

TO BE COMPLETED BY THE OWNER
(PLEASE HAVE YOUR VETERINARIAN FILL OUT SECTION B)

CLIENT DATA

DATE AND TIME OF APPOINTMENT: _____

OWNER'S SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____

E-MAIL: _____

HOW DID YOU HEAR ABOUT OUR FACILITY?

- MY FAMILY VETERINARIAN WEB SITE FRIEND/FAMILY
- PHONE BOOK OTHER (please explain):

If a friend/family member, who may we thank?

PLEASE LIST ANY PEOPLE (OTHER THAN YOUR FAMILY VETERINARIAN) THAT ARE AUTHORIZED TO MAKE HEALTH CARE DECISIONS FOR YOUR PET OR HAVE ACCESS TO YOUR PET'S RECORDS:

AS THERE ARE MANY CONDITIONS IN DERMATOLOGY THAT LOOK THE SAME, PLEASE TAKE THE TIME TO ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE. THE HISTORY OFTEN GIVES US MORE CLUES AS TO THE CAUSE OF THE DISEASE THAN THE CHECKUP! PLEASE CHECK THE APPROPRIATE BOX (WHERE APPLICABLE)

GENERAL PET DATA

1. PET'S NAME:

2. PET'S BIRTH DATE OR APPROXIMATE AGE:

3. SPECIES: DOG CAT OTHER (explain)

4. BREED:

5. SEX: MALE FEMALE

6. NEUTERED (castrated or spayed?) NO YES

7. COLOUR:

8. APPROXIMATE WEIGHT: **KILOGRAMS/ POUNDS (PLEASE CIRCLE)**

9. AGE FIRST OBTAINED:

10. WHERE WAS YOUR PET OBTAINED?

Kennel/Breeder Pound/ Humane Society Pet Store

Advertisement Friend Stray

Other If "Other" (please explain):

GENERAL HEALTH

I WOULD DESCRIBE MY PET'S ACTIVITY LEVEL AS:

Normal Lethargic Hyperactive

12. I WOULD DESCRIBE MY PET'S WATER INTAKE AS:

Normal Increased Decreased

13. I WOULD DESCRIBE MY PET'S APPETITE AS:

Normal Increased Decreased

14. URINATION:

I WOULD DESCRIBE MY PET'S URINE VOLUME AS:

Normal Increased Decreased

AND THE FREQUENCY AS:

Normal Increased Decreased

15. ANY COUGHING/SNEEZING/TROUBLE BREATHING? NO YES

If YES, please describe:

16. ARE YOU AWARE OF ANY SIGNIFICANT NON DERMATOLOGICAL MEDICAL PROBLEMS IN YOUR PET?

NO YES If YES, please describe:

ENVIRONMENT

17. WHERE DOES YOUR PET STAY?

Primarily indoor Primarily outdoor In/Out

Other (please explain):

My pet prefers the following types of places:

Warm Cold No Preference

18. IF INDOORS, where does your pet spend most of its time?

19. IF OUTDOORS, what does he/she come in contact with?

20. WHAT DO YOU FEED YOUR PET (including treats)?

21. HAVE THERE BEEN ANY CHANGES IN THE DIET?

NO YES

If YES, when and how has the diet changed?

CONTAGION

22. ARE THERE ANY OTHER PETS IN THE HOUSEHOLD? NO YES
If YES, please list type(s) of pet(s):

Do they have any skin problems? NO YES

If YES, please describe:

23. DOES YOUR PET'S PARENTS OR LITTER MATES HAVE ANY HISTORY OF SKIN PROBLEMS?
 UNKNOWN NO YES

If YES, please describe:

24. TO THE BEST OF YOUR KNOWLEDGE, HAS YOUR PET BEEN IN CONTACT WITH ANY OTHER PETS WITH SKIN PROBLEMS?
 NO YES

25. HAS YOUR PET BEEN TRAVELING? NO YES

NO YES If YES, please explain where and when:

26. DO YOU BOARD YOUR PET?
 NO YES. If YES, when was the last time?

27. DO YOU TAKE YOUR PET TO A GROOMING STUDIO?

NO YES. If Yes, when was the last time?

28. HAVE ANY PEOPLE IN THE HOME, INCLUDING VISITORS, DEVELOPED ANY SKIN PROBLEMS SINCE YOUR PET HAS HAD PROBLEMS?
 NO YES. If YES, please describe:

PRESENTING COMPLAINT

29. MY PET'S MAJOR SKIN PROBLEM IS:

- ITCHINESS HAIR LOSS SORES
- LUMPS/BUMPS EAR PROBLEMS CLAW DISEASE
- COLOUR CHANGE OTHER If other, please explain:

ARE THERE OTHER PROBLEMS THAT ALSO CONCERN YOU?
IF SO, PLEASE DESCRIBE

30. AT WHAT AGE DID THE PROBLEM FIRST BEGIN?

31. IF MULTIPLE PROBLEMS, WHAT DID YOU NOTICE FIRST?

32. WAS THE ONSET SUDDEN OR GRADUAL?

- SUDDEN GRADUAL

33. WHERE ON THE BODY DID THE PROBLEM START?

34. IF THERE WERE SORES, WHAT DID THEY LOOK LIKE AT FIRST?

If it has since changed, how has it changed?

35. WAS THE PET ITCHY BEFORE THE SORES CAME? NO YES

36. IS THE PROBLEM INTERMITTENT OR CONTINUAL?

I) INTERMITTENT (comes and goes)

II) CONTINUAL (never stops without treatment)

I) IF INTERMITTENT (comes and goes):

Did you notice the problem occurring at any specific time of year?

NO YES IF YES, PLEASE MARK THE MONTHS BELOW.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

II) IF CONTINUAL (never stops without treatment):

o Did it START intermittently?

NO YES IF YES, PLEASE MARK THE MONTHS BELOW.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

o Are there times of the year that the condition worsens?

NO YES IF YES, PLEASE MARK THE MONTHS BELOW.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

37. DOES YOUR PET LICK, SCRATCH, RUB, BITE, CHEW OR OVERLY GROOM HIM/HERSELF?

NO YES IF NO PLEASE GO TO QUESTION 38

If YES,

Please rate the discomfort from 0 (NOT AT ALL), 1 (MILD) TO 5 (SEVERE) in the chart below:

SITE	SCORE (0-5)	SITE	SCORE (0-5)	SITE	SCORE (0-5)	SITE	SCORE (0-5)
EYES		FRONT PAWS		CHEST		BACK	
EARS		FRONT LEGS		SIDES		BACK NEAR TAIL	
FACE		BACK LEGS		ARMPITS		TAIL	
MUZZLE		BACK PAWS		BELLY		ANUS	
NECK		CLAWS		GROIN AREA		PENIS/VULVA	

OTHER

SCORE : (0-5)

IS THE FRONT HALF OR BACK HALF THE ITCHIEST?

FRONT BACK UNSURE

38. WOULD YOU DESCRIBE YOUR PET AS SCALY (LOTS OF DANDRUFF) OR GREASY?

NO YES If NO, go to 39.

If YES, is your pet SCALY OR

GREASY OR

BOTH

Is it mild, moderate or severe? MILD MODERATE SEVERE

At what age did the scaling/greasiness begin?

39. WOULD YOU DESCRIBE YOUR PET AS MALODOUROUS (SMELLY?)

NO YES If NO, go to 40

If YES, does it go away after bathing? NO YES

If bathing helps, how soon after a bath does it return?

40. DOES YOUR PET SUFFER FROM HAIR LOSS?

NO YES If NO, go to 41.
If YES, at what age did the hair loss start?

Are there bald patches or just thinning of the coat?
 BALD THIN COAT BOTH

Where is the hair loss most prominent?

41. DOES YOUR PET HAVE ANY BUMPS OR PIMPLES?

NO YES If NO, go to 42

If YES, where are they located?

If multiple bumps/pimples, where did they start?

Did they look different in the beginning? NO YES . If YES, please explain:

42. DOES YOUR PET HAVE ANY RASH OR DISCOLOURATION OF THE SKIN, HAIR OR CLAWS?

NO YES If NO, go to 43
If YES, please explain:

At what age did you first notice it?

Where did it start?

TREATMENT HISTORY

43. DID YOUR PET IMPROVE WHILE ON ANY MEDICATION?

- NO .YES If YES, which medicine(s) worked?

44. PLEASE CHECK ANY APPLICABLE BOXES:

WHILE MY PET WAS GETTING THE TREATMENT,

THE ITCHINESS:

- RESOLVED
 RESOLVED AT HIGHER DOSAGES, BUT RECURRED AS I LOWERED THE DOSE
 IMPROVED, BUT NEVER WENT AWAY COMPLETELY
 REMAINED
 WORSENERD - IF SO, WHILE USING WHICH TREATMENT?

THE SORES/RASH:

- RESOLVED
 IMPROVED BUT DIDN'T QUITE GO AWAY
 REMAINED
 WORSENERD - IF SO, WHILE USING WHICH TREATMENT?

THE HAIR LOSS:

- RESOLVED
 IMPROVED BUT DIDN'T QUITE GO AWAY
 REMAINED
 WORSENERD - IF SO, WHILE USING WHICH TREATMENT?

THE LUMPS:

- RESOLVED
 IMPROVED BUT DIDN'T QUITE GO AWAY
 REMAINED
 WORSENERD - IF SO, WHILE USING WHICH TREATMENT?

OTHER (please explain):

45. IS THIS STATEMENT TRUE?

THE ITCHINESS, HAIR LOSS, BUMPS AND/OR SORES COMPLETELY RESOLVED,
ONLY TO RELAPSE AFTER THE TREATMENT WAS STOPPED.

NO YES. If YES, how long after discontinuation?

46. IS YOUR PET CURRENTLY RECEIVING ANY MEDICATION?

NO YES. If YES please list which medication(s), the dose and frequency (how often), if known

47. WHEN WAS YOUR PET LAST BATHED? (PLEASE REMEMBER NOT TO BATHE FOR AT LEAST 5 DAYS PRIOR TO THE APPOINTMENT)

48. HAS YOUR DOG HAD A HEARTWORM TEST THIS YEAR?

NO YES. If YES, what was the result?

Is your pet currently on heartworm prevention medication

NO YES. If YES, which one?

Was your pet on heartworm treatment last year?

NO YES. If YES, which one?

49. HAS YOUR PET BEEN ON FLEA PREVENTION/TREATMENT?

NO YES. If YES, when?

which one(s), if known

50. DOES YOUR PET HAVE ANY KNOWN SENSITIVITIES TO MEDICATIONS OR SEDATIVES?

NO YES. If YES, which ones (if known)?

51. DOES YOUR PET SUFFER FROM ANY SEIZURE OR SEIZURE LIKE DISORDERS?

NO YES

52. CAN YOU

Bathe your pet? NO YES

Administer drops, lotions or creams? NO YES

Administer tablets / capsules? NO YES

Administer oral liquids? NO YES

53. YOUR OPINION IS VERY IMPORTANT TO ME.

What do you think the problem may be?

Both sections A and B must be returned to our hospital at least 24 hours prior to your appointment.

Completed forms can be sent by:

fax to 416-920-6185, or

mail to the

**DERMATOLOGY DEPARTMENT, VETERINARY EMERGENCY CLINIC, 920 YONGE STREET,
SUITE 117, TORONTO, ONTARIO, M4W 3C7**

PLEASE BE SURE TO HAVE YOUR REGULAR VETERINARIAN COMPLETE SECTION B



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Dermatologist: Stephen Waisglass, B.Sc., D.V.M., CertSAD, DACVD

SECTION B: TO BE COMPLETED BY THE REFERRING VETERINARIAN:

Dear Doctor,

Thank you for taking the time to complete the questionnaire. A written report will follow the examination. Please do not hesitate to call, should you have any questions about this, or any other case. Completed forms can be sent by fax to 416-920-6185, or mail to the DERMATOLOGY DEPARTMENT, VETERINARY EMERGENCY CLINIC, 920 YONGE STREET, SUITE 117, TORONTO, ONTARIO, M4W 3C7

STEVE WAISGLASS BSc, DVM, CertSAD, DACVD

Doctor:

Clinic

Address:

City / Town:

Postal code:

Phone: ()

Fax: ()

Pet's Name:

Owner's Name:

Pet's weight:

Kg

Sex:

Age:

Breed:

RELEVANT MEDICAL HISTORY:

**DOES THE PET HAVE ANY RELEVANT NON- DERMATOLOGICAL DISEASE?
ARE THERE ANY ANTIBIOTIC OR ANESTHETIC SENSITIVITIES? IF SO, PLEASE
DESCRIBE:**

DERMATOLOGIC HISTORY:

PLEASE BRIEFLY DESCRIBE THE COURSE OF THE DISEASE AND LESIONS NOTED:

THERAPEUTIC HISTORY:

PLEASE LIST MEDICATIONS USED, INCLUDING DOSE, DATES OF TREATMENT, DURATION OF THERAPY AND ANY RESPONSE:

Is the pet on heartworm or flea prevention? Please list type:

DIAGNOSTIC TESTS:

**PLEASE SEND ALONG COPIES OF ANY DIAGNOSTIC TESTS. OTHERWISE,
PLEASE LIST ANY DIAGNOSTIC TESTS PERFORMED, WITH DATE RUN AND
FULL RESULTS:**

ANY SUGGESTIONS OR COMMENTS?