



PATIENT HISTORY CHECKLIST

Client:

Pet:

Date:

Species:

Age:

No Mild Moderate Severe When problems began

- 1) Weight Gain Weight Loss
 - 2) Appetite: Increase Decrease
 - 3) Vomiting Diarrhea
 - 4) Constipation/difficult defecation
 - 5) Increased drinking Increased urination
 - 6) Lumps/tumors Skin problems Describe:

 - 7) Bad breath/Sore gums/Difficulty Eating
 - 8) Decreased Awareness Gets confused/lost
 - 9) House soiling Spraying Describe:

 - 10) Decreased recognition of people/animals/commands
 - 11) Decreased affection/interaction with owners
 - 12) Chewing, licking, eating non-food items. Describe:

 - 13) Increased irritability/aggression
 - 14) Increased fear/anxiety
 - 15) Decreased tolerance of handling
 - 16) Decreased hearing or "selective hearing"
 - 17) Repetitive behaviors, e.g. pacing, over-grooming
 - 18) Coughing Sneezing
 - 19) Muscle tremors/shaking
 - 20) Weakness/incoordination
 - 21) Difficulty climbing stairs/increased stiffness
 - 22) Decreased activity Sleeps more
 - 23) Excessive vocalization: Day Night
 - 24) Waking owners at night
- Other problems/concerns
- Medications
- Existing medical conditions