



Surgery - New Patient History



Patient:

Owner:

Date:

Briefly describe the problem:

When did your pet's symptoms first start?

What best describes the progression of your pet's symptoms (please circle):

Acute onset Gradual onset Progressively worse Progressively improving Same since onset

What are your goals of today's visit?

Has your pet had any previous surgeries or medical problems? If yes, please explain.

Please describe your pet's physical activity level?

Has there been: increase decrease no change in your pet's energy level?

Has there been: increase decrease no change in your pet's appetite?

Has there been: increase decrease no change in your pet's water intake?

Has there been: increase decrease no change in your pet's urination?

Has your pet had any diarrhea, loose stool or constipation recently? If so, how many times per day and when was the last episode?

Has your pet had any recent vomiting? If yes, how many times? When was the last episode?

Has your pet had any coughing or sneezing recently? If yes, how many times per day and when was the last episode?

Has your pet ever had a reaction/side effect from a medication? If yes, please explain.

Has your pet ever had a seizure?

Has your pet traveled outside the Pacific Northwest? If yes, where?

Does your pet have any food restrictions? If yes, please explain.

Is there any additional information that you would like us to know?

CURRENT MEDICATIONS (including supplements, flea and heartworm preventatives):

Name of medication	Strength	How often?	When was it last given?
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If you have a preferred pharmacy, please let us know:

Pharmacy name:

Address and phone number: