



Detailed Medical History Form

Doctor _____ Hospital _____

Telephone _____ Fax _____

E-mail _____

Patient Information

Patient _____

Owner _____

Species canine feline equine avian exotic other _____

Breed _____

Sex female female spayed male male neutered

Age ____ years ____ months ____ weeks Weight _____

CC: _____

History

General Signs	back pain	hyperactive	obstipation
abdominal distention	cachexia	incontinence	panting
aerophagia	comatose	jaundice	paralysis
alopecia	constipation	lameness	polydipsia (PD)
anemia	cyanosis	lethargy	polyuria (PU)
ataxia	depressed	listlessness	sneezing



trauma weakness lameness listlessness
weight loss incontinence lethargy other:

Concurrent illness

foreign body dental disease Addison's disease hyperthyroidism
hip dysplasia dermatitis diabetes mellitus
obesity renal disease von Willebrand's disease
thromboembolism Cushing's Syndrome pancreatic disease
hypothyroidism other:

Physical Exam

Vital Signs temp _____ pulse _____ respiratory rate _____

CRT_ _____ BCS _____ Pain: none/ mild / moderate / severe

Mucous Membranes color _____

Abnormal Heart Sounds

muffled / increased intensity / pounding / decreased intensity / irregular rhythm / split heart sounds / gallop rhythm

Lung Sounds

crackles / rales / increased / moist / congested / harsh wheezes / dry / other _____

Pulse Quality

normal / decreased / thready / not palpable / increased / water-hammer / **Pulse deficit** yes no

Murmur grade (I-VI) _____ PMI _____ systolic / continuous / diastolic / holosystolic / congenital / acquired

Coughing

mild / marked / moderate / severe / acute / chronic / morning / nocturnal / all day / after drinking / after exercise / gagging / productive / honking / excitement / tracheal / dry / moist / nonproductive / productive



Syncope

possible / absolute / coughing / exercise / excitement / no pattern

other _____

Ascites yes no | **Jugular venous distention** yes no | **Tap** yes no | **Fluid analyzed** yes

Dyspnea

mild / marked / moderate / severe / inspiratory / | expiratory / morning / nocturnal / all day / excitement /
tracheal / dry to moist / nonproductive / productive /after drinking / after exercise / gagging / / honking

Abnormalities with eyes nose ears _____

Lymph Nodes Normal / Abnormal _____

Gastrointestinal Problems

vomiting / regurgitation / diarrhea: large bowel / small bowel / bloody /

mucoïd

Neurological Signs

seizures / ataxia / paralysis / head tilt / circling / cranial nerve deficit / upper motor neuron /

lower motor neuron / vestibular disease / proprioception / nystagmus / distemper / Horner's syndrome

Dermatological Signs

alopecia / thick skin / emphysema / pitting edema/pruritus/other:

Oral Problems: tonsils / carnassial abscess / laryngeal paralysis / lingual ulcers / tumors / F.B.

other _____

Musculoskeletal Problems

lameness / neck pain / lymphadenopathy / myositis

muscle wasting / back pain / crepitus



Genitourinary Problems or Abdominal Pain

hematuria / stranguria / urethral obstruction / vaginal discharge / abdominal pain / prostate disease /

feline urinary syndrome / pyometra / TVT / urinary tract infection

Thoracic Radiographs yes no pending (date taken _____) | **Lasix prior to rads?** yes no

Pulmonary Patterns

mild / moderate / marked / severe / cranial / dorsal / ventral / hilar / perihilar /

bronchial / alveolar / interstitial / pulmonary edema / bronchitis / asthma / diffuse

pulmonary fibrosis / pneumonia / tumor / abscess / old dog lungs / fungus / nodular / hemorrhage

other description:

Other Radiographic Evidence

tracheal collapse / megaesophagus / microcardia / diaphragmatic hernia / metastasis /

mediastinal mass/ enlarged thyroid / pneumothorax / loss of caudal waist / loss of cranial waist

heart-based tumor / tracheal elevation / atelectasis / collapsed lung lobe / pneumonia /

other _____

Cardiomegaly

mild / moderate / marked / severe / generalized / globular / valentine / reverse D /

right atrium / right ventricle / left atrium / left ventricle

Echocardiogram yes no pending (date of test _____)

Diagnosis dilated cardiomyopathy/ hypertrophic cardiomyopathy/ valve disease/ congenital defect/

pericardial disease

other _____

Abdominal Radiographs

tumor (spleen or other organ) / ascites / intussusception / foreign body / paralytic ileus /

gastric torsion (GVD) / barium series / splenomegaly / calculi (bladder stones) / hepatomegaly/abdominal mass

undefined origin/renomegaly

other _____



Abdominal Ultrasound yes no pending (date of test _____)

Findings:

Laboratory Results normal abnormal

Response to Therapy worse / no change / better / normal now / initial improvement

Fluid Therapy type _____ rate of infusion _____

Diet _____

Medications drug dosage duratio

Other information
