Patient Health Questionnaire		File #:
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Please answer the following questions about your pet's medical history. Bring this form with you to your next appointment. Attach any previous medical records or submit the Medical Records Release Form to have your pet's records transferred to our hospital.		
Client Name:		Pet's Name:
Reason for today's visit / presenting health concern?		
Have you noticed any changes (increase or decrease) in the following? (comments)		
Water consumption, thirst	Y or N	
Body weight / muscle mass	Y or N	
Urinary habits or accidents	Y or N	
Defecation (bowel movement) or accidents	Y or N	
Appetite, begging	Y or N	
Aggression, personality changes	Y or N	
Activity, exercise, lethargy Limping	Y or N Y or N	
Joint, back pain	Y or N	
Vision	Y or N	
Hearing	Y or N	
Barking, crying out, vocalizing	Y or N	
Seizures	Y or N	
Coughing, wheezing	Y or N	
Vomiting	Y or N	
Diarrhea	Y or N	
Sneezing	Y or N	
Slow to get up after rest Itching	Y or N Y or N	
Hair loss, flaking	Y or N	
New masses, growths, lumps	Y or N	
Discharge from eyes, nose, mouth	Y or N	
Discharge from prepuce, vulva	Y or N	
Sleep patterns	Y or N	
Other pain	Y or N	
How long have you owned this pet?		
Where did you obtain this pet? Outside of this region / state? Have you travelled recently with the pet?		
Is the pet on heartworm preventive? What brand?		
Is the pet on flea / tick preventive? What brand?		
Have the pet been exposed to fleas or ticks?		
Is the pet used for hunting or taken on camping trips?		
Is the pet used for breeding? Last date of breeding / heat cycle?		
Any prior illnesses?		
Any non-elective surgeries?		
Has the pet ever had an allergic reaction to vaccine or any other medication?		
Does the pet eat anything besides dog or cat food?		
(Use the back of the form for any additional comments or concerns)		