

Veterinary Emergency Clinic and Referral Centre

920 Yonge St. Suite 117, Toronto, ON M4W 3C7

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www.vectoronto.com

DERMATOLOGY REFERRAL QUESTIONNAIRE

Veterinary Dermatologists:

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SECTION A - TO BE COMPLETED BY THE OWNER (SECTION B - TO BE COMPLETED BY THE REGULAR VETERINARIAN)

BOTH SECTIONS A (CLIENT FORMS) AND B (VET FORMS) MUST BE RETURNED AT LEAST 1 WEEK BEFORE THE APPOINTMENT.

PLEASE NOTE THAT, DUE TO HEAVY BOOKING, IF VETERINARY AND CLIENT QUESTIONNAIRES ARE NOT RECEIVED 1 WEEK BEFORE THE SCHEDULED TIME, THE APPOINTMENT WILL BE SUBJECT TO CANCELLATION AND THE CANCELLATION FEE WILL BE CHARGED TO YOUR CREDIT CARD

PLEASE NOTE: UNLESS OTHERWISE CONTRAINDICATED (CHECK WITH YOUR VETERINARIAN)

- 1. DO NOT BATHE** your pet for at least 5 days prior to your appointment
- 2. DO NOT FEED (WATER IS OK)** your pet for at least 12 hours prior to your appointment
- 3. While it is best for us to examine your pet off medications for the skin/ear problem, this is not always possible. Please check with your family veterinarian to see if and when the medication can be stopped before the appointment. (We are always happy to discuss the case in advance with your vet . We can't legally offer advice before the visit to the owners, unfortunately)**
- 4. In most cases, pets will not be allergy tested at the initial consult**
- 5. INITIAL CONSULTS CAN TAKE 90 MINUTES OR MORE, please be sure to schedule your time accordingly.**
- 6. Please make every effort to have the primary caregiver(s)/decision makers attend the appointment - there is a lot of discussion and oftentimes decisions that need to be made at the first visit**
- 7. Please do not allow your pet to "socialize" with another pet in the waiting room**
- 8. Please bring along any remaining medications that you may have used for your pet's skin problems**
- 9. Payment is due at the time of appointment. We accept cash, interac, visa, and mastercard. Unfortunately, we cannot accept cheques.**
- 10. Due to our heavily booked schedule, missed appointments are subject to a cancellation fee unless notified 1 week or more in advance.**
- 11. A summary of the visit will be sent to your family vet after each visit (we will also have a summary for you)**

CLIENT INFORMATION

TODAY'S DATE: _____

DATE AND TIME OF APPOINTMENT: _____ (PLEASE ARRIVE 10 MINUTES
BEFORE APPOINTMENT IS SCHEDULED AS WE ARE OFTEN FULLY BOOKED AND CANNOT EXTEND VISIT TIME)

WITH DOCTOR: WAISGLASS
 BECK

WOULD YOU LIKE US TO CALL YOU IF AN EARLIER APPOINTMENT BECOMES AVAILABLE? (PLEASE
NOTE THAT WE WILL ONLY CALL IF BOTH CLIENT AND VETERINARY INFORMATION HAS BEEN RECEIVED)

NO YES

CLIENT'S SURNAME: _____
(AS PER REGULAR VETERINARIAN'S RECORDS):

CLIENT'S FIRST NAME: _____

CLIENT'S SURNAME (IF DIFFERENT FROM ABOVE): _____

ADDRESS: _____

CITY/TOWN: _____

POSTAL CODE: _____

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER : _____

E-MAIL: _____

PARTNER'S NAME (IF APPLICABLE): _____

PARTNER'S PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER : _____

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:

HOW DID YOU HEAR ABOUT OUR FACILITY?

MY FAMILY VETERINARIAN

WEB SITE

FRIEND/FAMILY

OTHER (please explain): _____

9. APPROXIMATE AGE WHEN FIRST ADOPTED: _____ weeks months years (please check one)

10. WHERE WAS YOUR PET OBTAINED?

Kennel/Breeder Pound/ Humane Society Pet Store Advertisement Friend/Family
Stray Rescue

PRESENTING COMPLAINT

11. MY PET'S MAJOR SKIN PROBLEM(S) IS/ARE (PLEASE CHECK ALL THAT APPLY)

ITCHINESS HAIR LOSS SORES LUMPS&BUMPS EAR PROBLEMS
CLAW DISEASE COLOUR CHANGE OTHER

IF OTHER If other, please explain:

12. IF THERE ARE MULTIPLE PROBLEMS, WHAT DID YOU NOTICE FIRST? _____

HOW OLD WAS YOUR PET WHEN YOU FIRST NOTICED THE PROBLEM? _____ years months?
(please check one box)

13. WHERE ON THE BODY DID THE PROBLEM START? _____

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

NO YES

PLEASE RATE THE LEVEL OF THE ABOVE FOR EACH SITE IN THE LIST BELOW:

- 0 (NOT AT ALL)
- 1 (MILD)
- 2 (MODERATE) OR
- 3 (SEVERE)

EYES		FRONT PAWS		ARMPITS		SIDES	
EARS		BACK PAWS		BELLY		BACK NEAR TAIL	
MUZZLE/CHIN		CLAWS		GROIN/INNER THIGHS		TAIL	
CHEEKS/LIPS		FRONT LEGS		CHEST		ANUS	
NECK		BACK LEGS		BACK		VULVA OR PREPUCE (PENIS SHEATH)	

ANY OTHER AREAS AFFECTED? PLEASE LIST THE SITES AND THE SEVERITY:

15. IS THE SKIN PROBLEM INTERMITTENT (COMES AND GOES WITHOUT TREATMENT)?
NO YES

IF YES, PLEASE LIST THE MONTHS WHEN IT OCCURS (IF KNOWN):

16. IS THE SKIN PROBLEM CONTINUOUS (NEVER STOPS WITHOUT TREATMENT)?

NO YES

IF YES, ARE THERE MONTHS WHEN THE CONDITION WORSENS? IF PLEASE LIST

CONTINUOUS BUT WORSENS DURING THE FOLLOWING MONTHS:

17. IF CONTINUOUS DID IT START INTERMITTENTLY?

NO YES

IF YES, PLEASE LIST THE MONTHS WHEN IT USED TO OCCUR (IF KNOWN)
INITIALLY OCCURRED DURING THE FOLLOWING MONTHS:

18. IF THERE WERE/ARE SORES, WAS THE PET ITCHY BEFORE THE SORES CAME?

NO YES

19. HAIR LOSS: DOES YOUR PET SUFFER FROM HAIR LOSS THAT IS UNRELATED TO SELF TRAUMA (NOT BECAUSE OF ITCHINESS, OVERGROOMING)?

NO YES

If YES, at what age did the hair loss start?

THE HAIR LOSS START AT _____ MONTHS YEARS OF AGE (please check one box)

Are there bald patches or just thinning of the coat?

BALD THIN COAT BOTH

20. COLOUR CHANGE:

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

NO YES

IF YES, HAS IT BECOME:

LIGHTER? (WHITE/GREY) RED? DARKER (PIGMENTED)? OTHER?

(we realize that there may be more than one answer depending on the site)

At what age did you first notice it? _____ MONTHS YEARS OF AGE (please check one box)

Where did it start? _____

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

NO YES

If YES, is your pet scaly or greasy or both? _____

Is it mild, moderate or severe? _____

At what age did the scaling/greasiness begin? _____ MONTHS YEARS OF AGE (please check one box)

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

NO YES

If YES, does it go away after bathing?

NO YES

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

23. DOES YOUR PET HAVE ANY BUMPS/TUMOURS?

NO YES

If YES, HAVE THEY BEEN TESTED? (Biopsy, needle aspirate etc?)

NO YES

24. I WOULD DESCRIBE MY PET'S STOOLS ("Poop or bowel movements") AS TYPICALLY

Normal Soft Mucousy in parts (Jelly-like) Hard

25. I WOULD DESCRIBE MY PET'S ACTIVITY LEVEL

Normal Lethargic Hyperactive

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

Normal Increased Decreased

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

Normal Increased Decreased

28. I WOULD DESCRIBE MY PET'S URINE VOLUME AS:

Normal Increased Decreased

AND THE FREQUENCY AS:

Normal Increased Decreased

29. ANY COUGHING/SNEEZING/TROUBLE BREATHING?

NO YES

If YES, please describe: _____

30. ANY HISTORY OF SEIZURES?

NO YES

31. ANY HISTORY OF HEART DISEASE?

NO YES

32. ARE YOU AWARE OF ANY OTHER SIGNIFICANT NON DERMATOLOGICAL (not skin or ear related) MEDICAL PROBLEMS IN YOUR PET?

NO YES If YES, please describe: _____

33. HAS YOUR PET REACTED ADVERSELY TO ANY DRUGS OR FOODS? (INCLUDES SEDATION/ANESTHESIA)

NO YES If YES, please describe: _____

34. CAN YOU LIST ALL MEDICATIONS, INJECTIONS OR SHAMPOOS THAT YOUR PET HAS RECEIVED FOR THIS SKIN OR EAR CONDITION IN THE PAST?

NO YES IF YES, Please list _____

35. IS YOUR PET ON ANY CHRONIC (FULL TIME) MEDICATION?

NO YES IF YES, Please list _____

36. OTHER THAN ABOVE, WILL YOUR PET BE ON ANY MEDICATION AT THE TIME OF THE APPOINTMENT ?

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

37. IS YOUR PET CURRENTLY ON ANY HEARTWORM PREVENTION OR HAS IT BEEN ADMINISTERED IN THE PAST?

NO YES

If YES, which one (if known)? _____

When was the last treatment? _____

Was your pet on heartworm treatment last year?

NO YES

If YES , which one? (if known) _____

when was the last treatment? _____

38. IS YOUR PET CURRENTLY ON ANY FLEA +/- TICK PREVENTION OR HAS IT BEEN ADMINISTERED IN THE PAST?

NO YES

If YES, which one (if known)?

SAME AS ABOVE

OTHER: _____

When was the last treatment? _____

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

40. HAVE THERE BEEN ANY CHANGES IN THE DIET?

NO YES If YES, What was (were) the previous diet(s)?

41. DOES YOUR PET EVER GO (OR GET) OUTSIDE?

NO YES

42. MY PET PREFERS THE FOLLOWING TYPE OF PLACES (warm? cold? no preference?)

WHEN INDOORS, where does your pet spend most of its time? (e.g. pet bed, favorite places)

WHEN OUTDOORS, what does he/she encounter (e.g. city, rural? both?)

43. ARE THERE ANY OTHER PETS IN THE HOUSEHOLD?

NO YES

If YES, please list type(s) of pet(s) and their names if desired:

Do they have any skin problems?

NO YES UNKNOWN

If YES, please describe: _____

Do they ever go (or get) outside? NO YES

44. DOES YOUR PET'S PARENTS OR SIBLINGS HAVE ANY SKIN PROBLEMS?

If YES, please describe: _____

45. TO THE BEST OF YOUR KNOWLEDGE, HAS YOUR PET BEEN IN CONTACT WITH ANY OTHER PETS WITH SKIN PROBLEMS?

NO YES

If YES, please describe: _____

46. HAS YOUR PET BEEN TRAVELING?

NO YES

If YES, please tell us where and when: _____

47. DO YOU BOARD YOUR PET?

NO YES

If YES, when was the last time? _____

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

NO YES

If Yes, when was the last time? _____

49. HAVE ANY PEOPLE IN THE HOME, INCLUDING VISITORS, DEVELOPED ANY SKIN PROBLEMS SINCE YOUR PET HAS HAD PROBLEMS?

NO YES

If YES, please describe: _____

50. IS THIS STATEMENT TRUE? (Check all that apply)

DURING TREATMENT, THE

ITCHINESS HAIR LOSS BUMPS SORES RASH EAR INFECTION OTHER

COMPLETELY RESOLVED, ONLY TO RELAPSE AFTER THE TREATMENT WAS STOPPED.

NO YES

If YES, how long after discontinuation? _____

If YES, which medicine(s) worked? _____

51. PLEASE CHECK ANY APPLICABLE BOXES:

WHILE MY PET WAS GETTING THE TREATMENT – THAT IS, DURING TREATMENT,
THE ITCHINESS (WHEN PRESENT):

- 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: (WHEN PRESENT)

- 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?

THE EAR INFECTION:

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

OTHER (please explain): _____

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

53. CAN YOU

Bathe (SHOWER) your pet?
NO YES

Administer drops, lotions or creams?
NO YES

Administer tablets / capsules?
NO YES

Administer oral liquids?
NO YES

54. YOUR OPINION IS VERY IMPORTANT TO US. What do you think the problem may be?

Both sections A and B must be returned to our hospital at least 1 WEEK prior to your appointment

PLEASE BE SURE TO HAVE YOUR REGULAR VETERINARIAN COMPLETE SECTION B

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SECTION B: TO BE COMPLETED BY THE REFERRING VETERINARIAN:

Both sections A and B must be returned to our hospital at least 1 WEEK prior to the appointment.
Completed forms can be sent by E-mail: derm@vectoronto.com or faxed to 416- 920-6185

Dear Doctor,

Thanks so much for taking the time to fill out the questionnaire. We appreciate that your time is valuable but **please DO NOT SENT ENTIRE ELECTRONIC OR SCANNED RECORDS as a substitute for the forms**; electronic records often contain personal communications that are not relevant to the dermatology visit, as well as unrelated procedures in such volume that they can obscure relevant data. A very brief summary is all that is needed so that we can avoid duplication of treatment or procedures whenever possible. We will be sure to contact you if we need clarification. A written report will be emailed following the visit. Please do not hesitate to call should you have any questions or concerns

Referring Veterinarian: _____

Clinic: _____

Phone number: _____

Email (for visit summary): _____

Owner's Name (as per clinic records): _____

Pet's Name: _____

Pet's weight: _____ **KILOGRAMS**

Sex: _____ (neutered? intact?)

Birthdate (as per vet records): _____ MM/DD/YYYY

Breed: _____

If we feel that the patient may benefit from an internal consult, may we do so without contacting you?

NO YES

SUMMARIZED VETERINARY HISTORY:

PLEASE DO NOT SEND FULL COMPUTER HISTORY AND RECORDS AS A SUBSTITUTE FOR FILLING OUT FORMS IN ORDER TO MAINTAIN CLIENT CONFIDENTIALITY; ELECTRONIC RECORDS OFTEN CONTAIN PERSONAL COMMUNICATIONS NOT RELEVANT TO THE DERMATOLOGY VISIT, AS WELL AS UNRELATED PROCEDURES AND DISCUSSIONS THAT COULD OBSCURE RELEVANT DATA

RELEVANT MEDICAL HISTORY

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

SUMMARIZED DERMATOLOGICAL HISTORY

IS THE PET ON HEARTWORM OR FLEA PREVENTION?

NO

YES

IF YES, WHICH? _____

SUMMARIZED THERAPEUTIC HISTORY

(I.E. PREVIOUS TREATMENTS AND DIETS FOR THIS CONDITION HAVE INCLUDED THE FOLOWING):

DIAGNOSTIC TESTS:

PLEASE SEND ALONG COPIES OF ANY PERTINENT DIAGNOSTIC TESTS (INCLUDING BLOOD TESTS AND FULL PATHOLOGY RESULTS). OTHERWISE, PLEASE LIST ANY DIAGNOSTIC TESTS PERFORMED, WITH DATE RUN AND FULL RESULTS. THANK YOU!

NO TESTS PERFORMED

WILL SEND TEST RESULTS BY EMAIL TO DERM@VECTORONTO.COM OR FAX TO:

(416) 920-6185

SEE TESTS AS LISTED BELOW:

ANY SUGGESTIONS, CONCERNS OR COMMENTS?