



Internal Medicine History Form

An accurate and current medical history is one of the most important parts of our medical evaluation. Taking a few moments to fill out this questionnaire will provide our internal medicine doctors with insight to your animals' health and could aid them during the comprehensive physical examination.

<u>Patien</u>	t Name:						
1.	What is the primary reason your pet is seeing an internal medicine doctor?						
2.	2. When did you start noticing the symptoms?						
3.	Has your pet been evaluated for this problem before? Yes No Which diagnostics were performed?						
	Which medications were administered and for how long?						
	How did your pet respond to the treatment?						
4.	Has your pet's general activity level: Increased Decreased Remained Normal If increased or decreased, for how long?						
5.	Has your pet's water intake been: Increased Decreased Remained Normal If increased or decreased, for how long?						
6.	Has your pet's appetite been: Increased Decreased Remained Normal If increased or decreased, for how long?						
7.	Does your pet's diet consist of: Commercial Food Prescription Food Table Scraps Other Please list food(s):						
8.	When did your pet last eat?						
9.	Have you noticed any changes in your pet's urination behavior or frequency? Yes No Please describe changes:						





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10. Have you not	iced any:							
Coughing?	Yes	No [Duration?	?F	Freque	ency?	Triggers?	
Sneezing?	Yes	No [Duration?	?F	Freque	ency?	Triggers?	
Vomiting?	Yes	No [Duration?	?F	Freque	ency?	Describe:	
Diarrhea?	Yes	No [Duration?	?F	Freque	ency?	Describe:	
Abnormal Urine?	Yes	No Duration	on?	Frequency?	·	Describe	o:	·····
11. Any abnormal discharge from ears, eyes, nose, mouth, rectum, genitals? Yes No Please describe location, any characteristics, duration								
12. Has your pet traveled out of the state of Virginia within the past year? Yes No								
If yes, when, and where?								
13. Are your pet vaccines current and within the last 12 months? Yes No Year of last rabies vaccine								
14. Has your pet been vaccinated with any elective vaccines (such as leptospirosis, Lyme, FeLV and/or								
FIV) within the past 12 months? Yes Unknown								
If yes, when?	If yes, when?							
Please describe all m	nedications, <u>ir</u>	ncluding	g heartw	vorm and f	lea/tio	ck preventio	<u>n</u> that your pet is	s taking:
Medication Nar	me	Stre	ngth	Amount G	iven	Frequency	Last Given (Date, Time)	Duration Prescribed
							(Date, Tille)	Frescribed





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15. If medications are to be dispensed, does your pet prefer: Pill Liquid Other:
16. Has your pet ever experienced adverse or allergic reactions to any medication? Yes No If yes, please describe:
17. Does your pet have any known food allergies? Yes No If yes, which foods?
18. Has your pet had any significant injuries, illness, surgery, or medical problems in the past that are not covered by the previous questions?
19. Number of other pets in the household: None Dogs Cats Is your pet and his/her housemates: Indoor Only Outdoor Only Both
20. Are any other pets showing the same symptoms as your pet visiting today? Yes No
Thank you for taking the time to complete this form.
Additional questions may be asked during your visit.

Please bring any medication that your pet(s) is currently taking to this appointment in its original packaging.

