### ALLERGY PATIENT HISTORY

#### Section A – Home Environmental Exposures

- Are there any other pets in household:  
  - Yes  
  - No  
  If yes, what type:  
- Does the pet have fleas or a history of flea infestation:  
- Have there been any recent environmental changes:  

#### Section B – Medical Information

- Age of onset of clinical signs:  
- Are clinical signs primarily:  
  - Dermatologic  
  - Respiratory  
  - Gastrointestinal  
- Describe the major complaint:  
- Check all that apply:  
  - Otitis  
  - Pododermatitis  
  - Scabs  
  - Crusts  
  - Papules  
  - Pustules  
  - Skin Erythema  
  - Pyoderma  
  - Seborrhea  
  - Malassezia  
  - Pruritus  
  - Alopecia  
- Parasites (type):  
- Is the disease intermittent or constant:  
  - Acute  
  - Chronic  
- Are clinical signs:  
  - Non Seasonal  
  - Seasonal  
  During what months is the disease most severe:  
  - Spring  
  - Summer  
  - Fall  
  - Winter  
- Other diagnosed medical problems:  
- What is your differential diagnosis:  

#### Type of Diagnostic  

<table>
<thead>
<tr>
<th>Type of Diagnostic</th>
<th>Date Performed</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin scrapings</td>
<td></td>
<td></td>
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<tr>
<td>Surface cytology/biopsy</td>
<td></td>
<td></td>
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<tr>
<td>Dermatophyte culture</td>
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<tr>
<td>Thyroid testing</td>
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<tr>
<td>ACTH stimulation</td>
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<td></td>
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<tr>
<td>Dietary elimination trial</td>
<td></td>
<td>Food &amp; response:</td>
</tr>
<tr>
<td>Other</td>
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</tr>
</tbody>
</table>

### Symptomatic Treatments Used

<table>
<thead>
<tr>
<th>Symptomatic Treatments Used</th>
<th>Drug Name</th>
<th>Last Date Administered</th>
<th>Effectiveness (better, worse, no change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corticosteroids</td>
<td></td>
<td></td>
<td>○ Better ○ Worse ○ No change</td>
</tr>
<tr>
<td>Antihistamines</td>
<td></td>
<td></td>
<td>○ Better ○ Worse ○ No change</td>
</tr>
<tr>
<td>Shampoo/rinse</td>
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<td></td>
<td>○ Better ○ Worse ○ No change</td>
</tr>
<tr>
<td>Antibiotics</td>
<td></td>
<td></td>
<td>○ Better ○ Worse ○ No change</td>
</tr>
<tr>
<td>Immunotherapy</td>
<td></td>
<td></td>
<td>○ Better ○ Worse ○ No change</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>○ Better ○ Worse ○ No change</td>
</tr>
</tbody>
</table>

Inquiries for diagnostic testing, sample submission, patient reprints, or case consultation, call Heska’s Medical and Technical Consultants at 800.464.3752, option 5.

*Heska, in agreement with the American College of Veterinary Dermatology, does not recommend IgE testing for foods. A compliant exclusionary diet trial, followed by provocative re-challenge, is recommended for animals suspected of suffering from adverse reaction to foods.*

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