

Pre-Examination History Checklist

Patient _____ Age ____ Owner's name _____ Date _____

	No	Mild	Mod.	Severe	When began?
1) Weight gain ____ Weight loss ____					
2) Appetite increase ____ Decrease ____					
3) Vomiting ____ Diarrhea ____					
4) Constipation/difficult defecation ____					
5) Increase drinking ____ Increase urination ____					
6) Coughing ____ Weakness after exercise ____ Increase panting ____					
7) Lumps/bumps ____ Skin problem? ____ Describe: _____					
8) Bad breath/sore gums/difficulty chewing ____					
9) House soiling: incontinence (dribbling urine) Bowel movements ____ Marking/spraying ____ Describe: _____					
10) Decreased awareness, gets confused/lost ____					
11) Decreased family recognition, and commands Describe: _____					
12) Decreased affection/interaction w/family ____					
13) Increased irritability, aggression ____					
14) Increased fear/anxiety ____					
15) Decreased tolerance of handling ____					
16) Decreased hearing or "selective" hearing ____					
17) Repetitive behaviors: pacing ____ grooming ____ Overgrooming ____ Licking non food items ____ Describe: _____					
18) Decreased grooming or self-care ____					
19) Muscle tremors/shaking ____					
20) Weakness/incoordination ____					
21) Difficulty climbing stairs/increase stiffness ____					
22) Decreased activity/sleeps more ____					
23) Excessive vocalization: Day ____ Night ____					
24) Waking family at night ____					

Any other problems or concerns? _____

Medications currently taking: _____

Nutritional supplements? _____

Diet: _____

Has your pet been previously diagnosed with any medical problems: _____