

Patient History Questionnaire



Owner

FIRST NAME	LAST NAME
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Patient

CAT'S NAME	DESCRIPTION
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REASON FOR VISIT

IS YOUR CAT INDOOR ONLY OUTDOOR ONLY INDOOR/OUTDOOR
IF OUTDOOR, WHAT TYPE OF OUTSIDE ACCESS DOES YOUR CAT HAVE?

WHAT DO YOU FEED YOUR CAT CURRENTLY? PLEASE BE AS SPECIFIC AS POSSIBLE; INCLUDE AMOUNT AND FREQUENCY

HAS YOUR CAT EVER HAD ANY VACCINE REACTIONS? YES NO
IF YES, PLEASE DESCRIBE

HAS YOUR CAT BEEN TESTED FOR FELV/FIV? YES NO UNKNOWN
IF YES, WHEN WAS THE TEST PERFORMED?

WAS YOUR CAT DEWORMED? YES NO
IF YES, WHEN/WHAT DEWORMER GIVEN?

DO YOU USE ANY FLEA PREVENTATIVE? YES NO
IF YES, WHAT PRODUCTS DO YOU USE AND WHEN WERE THEY LAST ADMINISTERED? PLEASE INCLUDE ENVIRONMENTAL PRODUCTS

PLEASE LIST CURRENT MEDICATIONS (INCLUDING OVER-THE-COUNTER MEDICATIONS, NUTRITIONAL SUPPLEMENTS AND HERBAL MEDICATIONS).

DRUG NAME	DOSE	HOW OFTEN GIVEN	WHEN STARTED	GIVEN TODAY?
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HAS YOUR CAT RECENTLY EXHIBITED ANY OF THE FOLLOWING SIGNS?

VOMITING YES NO COUGHING YES NO DIFFICULTY JUMPING YES NO INCREASED VOCALIZATION YES NO
DIARRHEA YES NO SNEEZING YES NO WATERY EYES OR NOSE YES NO

PLEASE CHOOSE ONE EACH OF THE FOLLOWING:

APPETITE DECREASED INCREASED NORMAL ACTIVITY LEVEL DECREASED INCREASED NORMAL
DRINKING DECREASED INCREASED NORMAL URINATION DECREASED INCREASED NORMAL

ARE THERE ANY PROBLEMS WITH LITTER BOX USE OR BEHAVIOR? YES NO
IF YES, PLEASE DESCRIBE

ARE THERE ANY OTHER CONCERNS YOU WOULD LIKE TO ADDRESS WITH THE DOCTOR?

For Internal Use Only		
ACCT NO	LINKED	
APPT DATE	SOAP ENTERED	
APPT TIME		