

**Gulf Coast Veterinary Surgery, Orthopedics & Neurology**  
**PATIENT HISTORY**

**Last Name**  
**Patient Name**

DATE: \_\_\_\_\_

What symptoms have you observed at home?

\_\_\_\_\_  
\_\_\_\_\_

How long have the symptoms been present? \_\_\_\_\_

Did the symptoms start suddenly? \_\_\_\_\_

Are the symptoms:      Progressing\_\_\_\_      Staying the same\_\_\_\_      Improving\_\_\_\_

Is your pet otherwise normal?    Yes\_\_\_\_      Or are there other medical problems we need to know about?

\_\_\_\_\_  
\_\_\_\_\_

Has your pet had any previous surgery other than spay or neuter?

No \_\_\_\_ Yes \_\_\_\_ What kind of surgery? \_\_\_\_\_

Is your pet on any medication? No\_\_\_\_ Yes\_\_\_\_

What medication(s) is your pet currently taking for this problem? \_\_\_\_\_

What medication has your pet taken for this problem in the past: \_\_\_\_\_

If medications are being used to treat the condition for which we are evaluating your pet, have they been associated with any improvement in the condition? \_\_\_\_\_

\_\_\_\_\_

Have medications been previously used that were NOT successful? \_\_\_\_\_

Please list ALL medications your pet currently takes for UNRELATED problems: \_\_\_\_\_

\_\_\_\_\_

Did you bring any radiographs?      Yes\_\_\_\_ No\_\_\_\_

Did you bring any Lab test results?      Yes\_\_\_\_ No\_\_\_\_

Did you bring any Medical Records?      Yes\_\_\_\_ No\_\_\_\_

What kind of food do you feed your pet? \_\_\_\_\_

How much per day? \_\_\_\_\_

What types of snacks/treats do you feed your pet and how often? \_\_\_\_\_

Do you have other pets? No\_\_\_\_ Yes\_\_\_\_ What breeds or species? \_\_\_\_\_

\_\_\_\_\_

How did you learn about our practice?

My veterinarian\_\_\_\_ Friend\_\_\_\_ Family member\_\_\_\_ I am a previous client\_\_\_\_ Internet\_\_\_\_ Phone Book\_\_\_\_