

Cheryl Duszak

Cardiology, Critical Care, Dermatology, Internal Medicine, Neurology, Radiology, Surgery

CARDIOLOGY NEW PATIENT HISTORY

Thank you for visiting the Cardiology Service department of our hospital. To better assist us in diagnosing and treating your pet, please take the time to complete the questionnaire below regarding their complete medical history.

Da	e of Visit:// Client Name:								
Pe	Name: Email:								
Ag	2: Years Months (Check one)								
	Breed:								
Sex (Check): M F Spayed/Neutered? (Check): Y N									
	few words, please describe your hopes, goals, and concerns that you would like to be lressed during the consultation:								
GE	NERAL HISTORY:								
1)	At what age your pet acquired?								
2)	From whom was your pet acquired (breeder, shelter, friend, etc.)? Where (location)?								
3)	Any current or previous health conditions unrelated to the heart disease?								
4)	Does your pet have any coughing, sneezing, vomiting, diarrhea?								
5)	Has your pet ever been anesthetized or sedated? Y N If so, were there any complications? Y N Please describe below:								
6)	Has your pet ever been aggressive to humans or other animals at home or at the vet? \(\subseteq \mathbf{Y} \subseteq \mathbf{N} \)								
7)	When were your pet's last vaccinations and against what (Rabies, Distemper, etc.)?								

OUR LOCATIONS:

336 Abby Rd Manchester, NH Newington, NH 603-782-8181 www.snhvrh.com





8)	Last fecal exam (month/year)?/ Results? NegativePositive (please describe below)							
9)	Describe your pet's main lifestyle/use (hunting, agility, couch potato, etc.)							
	Time spent: indoors?% outdoors?%							
10)	What pet food, treats, or "people food" snacks do you feed your pet now?							
11)	11) Travel history within NH or elsewhere? Where?							
<u>PAI</u>	RASITE CONTROL/PREVENTION:							
1)	Has your pet ever had fleas or ticks? Y N Don't know							
2)	What flea/tick preventative(s) do you currently use? How often? Seasonally Year-round							
3)	Which heartworm preventative(s) do you currently use?							
4)	Date of last heartworm test?/ / Was it a SNAP 4DX? Y N Don't know							
5)	For cats: has your cat been FeLV/FIV tested? Y N Don't know Result? Negative Positive Don't know							
CU	RRENT MEDICAL HISTORY:							
1)	Describe your pet's main cardiovascular problem (heart murmur, cough, abnormal heart rhythm, ollapse, etc)?							
2)	What prompted you to seek the Cardiology service at SNHVRH?							
3)	When did the problem(s) first appear? (e.g. how long ago? at what age? season/date?)							
4)	Vas the problem sudden or gradual in onset?							
5)	Please indicate if your pet has experienced any of the following symptoms:							
=	Coughing Collapse/Fainting Seizures							
	Difficulty breathing Lethargy Restless at night Exercise intolerance Abdominal distention Excessive panting							
_	Exercise intolerance Abdominal distention Excessive panting Weakness Decreased energy/activity level Hiding							
=	Changes in appetite Changes in water intake Neck							
_	Other (please describe)							
-	(J							

CURRENT MEDICATIONS:

Please list the medication name, how much (in mg, if possible), how often it is given, why it was prescribed, and if the symptoms have changed after starting this medication

Medication name	Tablet/ capsule size	Portion per dose	How often/ what time?	Why was it prescribed?	Are symptoms better, worse, or the same?
Examples:					
Furosemide (Lasix)	20 mg	½ tablet	8am & 8 pm	Fluid in the lungs & cough	90% improved
Mexiletine	150 mg	1 capsule	7am, 3pm, 11pm	Arrhythmia/ collapse	Same
Spironolactone	10 mg/mL	0.5 mL	8 am	Help with heart failure	Improved

- ✓ It is very important that we know exactly what dosages of which medications your pet is receiving in order to provide the best care possible. It is *so* important that we will review this list with you on the day of the appointment to ensure that it is accurate and up to date.
- ✓ On the day of your pet's appointment, please give your pet their medications at the regularly scheduled times, unless otherwise instructed by a veterinarian.
- ✓ To help us prepare for your pet's appointment:
 - Please email this form to <u>info@snhvrh.com</u> if visiting Southern NH Vet Referral or <u>info@veccnh.com</u> if visiting Veterinary Critical Care and Referral before your appointment so that we can get to know a little more about your pet and your concerns. Alternatively, you can bring this form with you to the appointment.
 - 2) Please contact your veterinary clinic and request that your pet's records, x-rays and lab work are sent to us before your appointment.

Thank you! We look forward to meeting you and your pet!