

Current Patient Re-Examination Information

1. Has your address, email, or phone number changed since your last visit? **Yes No**
If yes, please provide new information: _____

2. If medications were prescribed, were you able to give the medication as directed?
Yes No If no, please describe any difficulties: _____

3. The problem has improved/worsened (please circle one). Please explain:

Please circle:

4. Has your pet shown any of the following symptoms since their last visit?

Vomiting	Yes No	Coughing/sneezing/gagging	Yes No
Shaking	Yes No	Scratching	Yes No
Hair loss	Yes No	Unusual lumps or bumps	Yes No
Scotting	Yes No	Bad breath	Yes No
Unusual discharge	Yes No	Diarrhea or constipation	Yes No
Stiffness or pain	Yes No	Weakness or listlessness	Yes No
Confusion or disorientation	Yes No	Decrease responsiveness	Yes No
Excessive panting	Yes No	Limping	Yes No

5. Have any of the following changed since their last visit?

	Same	Increase	Decreased
Water Intake			
Appetite			
Urination			
Bowel Movements			
Weight			
Activity Level			
Sleep Pattern			

6. Is there any other information or symptoms you would like to add?

