



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.

Date of Visit: ___/___/___ **Client Name:** _____

Pet Name: _____ **Email:** _____

Age: _____ Years Months (Check one)

Breed: _____

Sex (Check): M F **Spayed/Neutered? (Check):** Y N

In a few words, please describe your hopes, goals, and concerns that you would like to be addressed during the consultation:

GENERAL 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? Y N If so, for how long?

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? Y N

7) When were your pet's last vaccinations and against what (Rabies, Distemper, etc.)?

OUR LOCATIONS:



15 Piscataqua Drive
Newington (Portsmouth),
NH 03801
603-431-3600
www.veccnh.com

8) Last fecal exam (month/year)? ___/___ Results? Negative Positive (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) Travel history within NH or elsewhere? Where?

PARASITE 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? _____
How often? Seasonally Year-round

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

CURRENT MEDICAL HISTORY:

1) Describe your pet's main cardiovascular problem (heart murmur, cough, abnormal heart rhythm, collapse, 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) Was the problem sudden or gradual in onset?

5) Please indicate if your pet has experienced any of the following symptoms:

- | | | |
|--|--|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Collapse/Fainting | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Restless at night |
| <input type="checkbox"/> Exercise intolerance | <input type="checkbox"/> Abdominal distention | <input type="checkbox"/> Excessive panting |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Decreased energy/activity level | <input type="checkbox"/> Hiding |
| <input type="checkbox"/> Changes in appetite | <input type="checkbox"/> Changes in water intake | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Other (please describe) _____ | | |

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:
 - 1) Please email this form to info@snhvrh.com if visiting Southern NH Vet Referral or info@veccnh.com 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!