

PATIENT HISTORY/HOSPITAL ADMISSION FORM

Patients Name _____ Date _____

1. What are your concerns, what symptoms do you see? _____

When did they start? _____

Are symptoms: better ___ worse ___ same ___

2. What brand of food do you feed? _____

How much dry per day? _____ Wet? _____ 3oz/6oz

Daily feeding routine _____

Does he/she eat alone Y__ N__ In a group Y__ N__ if yes how many _____

3. Did he/she eat today? Y__ N__ What time? _____

Was all the food gone from last night? Y__ N__

4. Any vomit recently in the house? Y__ N__ Do you see him/her vomiting? Y__ N__

If yes: How often? _____ day/week

Does the vomit consists of: food ___ bile stain ___ froth ___ other ___

5. How is his/her attitude? _____

Energy level? Increased ___ Decreased ___ Same ___

Seem needy? Y__ N__ Hiding? Y__ N__ Vocalizing? Y__ N__

If yes, when and how often? _____

6. Are the stools: formed ___ soft ___ diarrhea ___ bloody ___ mucoid ___

Last stool seen _____

7. How would you characterize his/her urination?

Normal ___ Increased ___ Decreased ___ Painful ___ Straining ___ Not urinating ___

Going out of litterbox ___ Litter clumps normal _____

8. Does he/she ever go outside (intentionally or not)? _____

When was the last time he/she was out? _____

9. Have you noticed hesitation to jump up or down? Y__ N__ Up or down stairs? Y__ N__

If yes, which leg seems to bother your kitty? _____

10. Have you noticed weight loss? Y__ N__ If yes, when did you

notice? _____

11. List current medications and when they are to be given: _____ Refill needed?

A. _____ @ _____

B. _____ @ _____

C. _____ @ _____

Have there been any doses missed? Y__ N__ To what extent? _____

12. On a scale of 1-10 (1 being **horrible**, 10 being **perfect**) how do you think your kitty is over all? _____

A doctor will call you after assessment and prior to any diagnostics/treatments. Is there a time you will not be available? _____

Please leave a phone number where we can reach you _____

Signature _____