

CHECKLIST

Dermatology recheck consult

Name: _____ Age: _____ Species & Breed: _____

Weight: _____ Sex: _____ Itch score today out of 10: _____

Diet: _____

Current parasite preventative: _____ Date of last dose: _____

Current shampoo: _____ Bathing frequency: _____

Current medications (including topical therapies) – dose and frequency:

If Cytopoint® – How many Injections to date? 1 2 3 4-6 7+

Current medical conditions: _____

Date of last vet visit: _____ How has your dog been since your last visit? _____

Skin examination: Look for areas of hair loss, redness, lumps or rashes.

Other notes:

Further discussion prompts:

"Are there any areas of the management plan that you would like clarified, or I can support you further with?"

"What questions do you have for me?"

Remember to clarify expectation of treatments and the diagnostic process

(e.g time, duration, expected outcomes)

SUMMARY OF TREATMENT PLAN (AS ADVISED BY VETERINARIAN)

Medications: _____ Parasite prevention: _____

Diet: _____ Bathing: _____

Next recheck visit: _____