

# SECOND OPINION

## Dermatology Consultation Service

Dermatology/Allergy Clinic • Veterinary Medical Teaching Hospital • University of Wisconsin-Madison

SECOND OPINION is a specialty consultation service for patients with skin disease. This service is for referring veterinarians *in the practice area of the School of Veterinary Medicine, University of Wisconsin-Madison*. **The charge for this service ranges from \$28.00 to \$50.00**; the charge will be indicated to you on the reply sheet and will be billed to your account monthly.

TO REQUEST A CONSULTATION, please fill out this form (there are 3 pages). **THIS FORM MUST BE USED FOR CONSULTS! Please print legibly!** Copies of medical records and lab results may be sent as *attachments* to this form, if you think they will be helpful to us, but please be aware that we often find that they are difficult to read after having been FAXed. FAX this form (and attachments if any) to 608-265-8276, or mail to Attn: VMTH - Dermatology, 2015 Linden Drive, Madison, WI 53706. Note that our responses are informational only; we do not assume liability or responsibility for patient outcome.

1. Referring Veterinarian \_\_\_\_\_ Clinic Name and Address \_\_\_\_\_
2. FAX Number (     ) \_\_\_\_\_
3. Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_
4. Animal info: species \_\_\_\_\_ age \_\_\_\_\_ breed \_\_\_\_\_ sex \_\_\_\_\_ spayed/neutered? \_\_\_\_\_ weight \_\_\_\_\_
5. Owner's chief complaint(s): \_\_\_\_\_
6. Age of onset of skin problems; duration of current problem \_\_\_\_\_
7. Were skin problems of sudden or gradual onset? \_\_\_\_\_
8. List initial appearance or presentation of problem, and how it has spread or changed over entire course: \_\_\_\_\_
9. Have the problems been (*check one*):  Continual, even with medications  Continual, but better when on medications  Intermittent or sporadic
10. Is the problem worse during certain times of the year? If so, when? \_\_\_\_\_
11. Over the **past year**, how pruritic has this pet been during a typical outbreak of skin disease? Use a scale of 1 to 10 where 1 means an occasional scratch, like a normal person or animal might do, and 10 means constant, severe scratching. Write a number from 1 to 10 here: \_\_\_\_\_
12. Using the same 1 to 10 scale, how itchy has this pet been over the past **one month**? Write a number from 1 to 10 here: \_\_\_\_\_
13. List all medications animal is CURRENTLY receiving, including oral and topical. Include dosages. \_\_\_\_\_
14. Have any special diets been tried as treatment? If so, list the **brand name and type** and for how long it was fed : \_\_\_\_\_
15. Any history of fleas in this pet or on others in household? \_\_\_\_\_
16. Other pets in household? Any problems in these? \_\_\_\_\_
17. Do any humans in the household have skin problems? \_\_\_\_\_
18. Housing conditions of pet (indoors, outdoors, other comments) \_\_\_\_\_
19. Other than skin disease, please list any pertinent past medical problems/history: \_\_\_\_\_

19. CLINICAL SIGNS OBSERVED BY OWNER OR VETERINARIAN (Check one box  for each symptom)

SIGN	Never Occurs Or None	Occurs Rarely Or Slight	Occurs Occasionally Or Moderate	Occurs Often Or Severe	Please Explain: Location on Body or Other Comments
Pruritus					
Hair loss or poor regrowth of hair					
Erythema					
Papular or pustular eruption					
Scaling/flaking/seborrhea					
Increased odor of skin or coat					
Crusting or scabbing patches on skin					
Erosions or ulcerations					
Purulent skin lesions/draining areas					
Eyes - redness, irritation, itching, discharge					
Change in color or texture of hair					
Hyperpigmentation					
Loss of pigmentation					
Ear infections					
Fleas seen on pet					
Diarrhea or loose stools					
Vomiting					
Sneezing or wheezing					
Changes in pet's usual personality					
Changes in pet's usual activity level					
Weight loss or weight gain					
Changes in pet's appetite					
Changes in amount of water consumed					
Changes in urinary habits					

20. DISTRIBUTION OF PRURITUS (Check one box  for each body area)

BODY AREA	Not Pruritic	Mildly Pruritic	Moderately Pruritic	Severely Pruritic	Comments
Feet / paws					
Legs / arms					
Abdomen (belly) / genital area					
Armpits / chest / sides of body					
Face / eyes					
Ears / ear flaps					
Along the back or rump					
The tail itself					
Anal area					

21. SUMMARY OF DIAGNOSTIC TESTING PERFORMED TO DATE (attach results if necessary):

TEST	DATE PERFORMED	RESULT
Skin Scrapings		
Impression Smears of Skin		
Fungal Culture		
Bacterial Culture		
Skin Biopsy		
CBC		
Serum Chemistries		
Urinalysis		
Allergy Test (specify lab)		

21. Please list all prior treatments and response. Include all corticosteroids, antibiotics, antipruritic drugs, hormonal treatments, topical treatments, etc. **Please indicate if drugs were used alone or in combination.**

<b>DRUG or COMBINATION OF DRUGS</b>	<b>DOSAGE(s)</b>	<b>LENGTH OF TREATMENT</b>	<b>RESPONSE or COMMENTS</b>

22. What is your **working diagnosis** at this time (if any)?

23. Please list the **specific questions** you have about this patient:

24. If you are including any attachments, please list here (so we don't overlook them):