

Patient Exam Form

To help our team make the best diagnosis, please fill this out to the best of your ability.



Full name	Phone #	Client # (we'll fill this out)
Cat's name	Your email	

Reason for exam

Please describe the reason for this exam (if a recheck, have there been any changes?):	
How long have you noticed this problem?	
If your cat's vaccinations are out of date, would you like us to vaccinate them? (circle one): No, Yes, Please Discuss	Would you like us to trim your cat's nails? (circle one): No, Yes

Symptoms & other info

What do you feed your cat? (circle one) Dry food, Wet food, A mixture	How much, and what brand? Have there been any changes in diet?
Any skin issues? No, Yes	If yes, please describe: _____
Do you use flea products? No, Yes	If yes, please list: _____
Is your cat on any medication? No, Yes	If yes, please list: _____
Any vomiting? No, Yes	If yes, what is the consistency and color? _____
	How often is there vomit? _____
Appetite (circle one) Normal, Increased, Poor, Not eating	Bowel movements (circle one) Normal, Constipated, Pasty, Watery, Bloody
	How many per day? Any other details... _____

Have you noticed any other symptoms you'd like to discuss? (circle all that apply) Coughing, Sneezing, Difficulty breathing, Trouble walking, Other, Please Describe:		
Drinking habits (circle one) Normal, Increased, Poor, Not drinking	Urination (circle one) Normal, Frequent, Straining, Bloody	Urination amount (circle one) Normal, Excessive, Less than normal
General attitude (circle one) Normal, Depressed, Lethargic, Crying, Aggressive, Seems in pain	Indoor or Outdoor? (circle one) Completely Indoor, Outdoor Access, Free-Roaming Outdoor	If outdoor, any possible contact with other outdoor cats? (circle one) No, Yes
Any discharge? No, Yes	If yes, where? Eyes, Ears, Nose, Wound, Vulva, Other	Color of discharge? _____

Authorizations

I authorize T.H.E. Cat Hospital to perform the exam & diagnostics as previously discussed... (check one)

- but want to individually approve any additional diagnostics or treatments.**
- and approve up to \$450 of additional diagnostics or treatments (if necessary).**
- and approve up to \$850 of additional diagnostics or treatments (if necessary).**
- and approve up to \$1,000 of additional diagnostics or treatments (if necessary).**

Signature	Date
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