



香港城市大學
City University of Hong Kong



VMC
Veterinary Medical Centre

Welfare of the animal comes first and last

CityU Veterinary Medical Centre 城大動物醫療中心

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Dermatology Medical History Questionnaire 問卷 - 皮膚科

Client No.
掛號證編號
Pet's Name
動物名稱

Breed
品種

Date:
日期:

Please answer/circle the appropriate answers regarding your pet's condition.
請回答/圈出最合適之答案。

1. Reason of Visit 到診原因:

2. When did the skin or ear problem first start? 何時開始有皮膚或耳朵的問題?
___ Days 幾天 ___ Weeks 星期 ___ Months 個月 ___ years or longer 年或以上

3. Is it the first time having skin or ear problems? Y 是 / N 否
是否第一次有皮膚或耳朵的問題嗎?

4. Is the animal having itchy skin? 寵物有沒有感到痕癢?
If so, how is the severity of itchiness?
(0: no scratching; 10: scratching all the time)
如有:請列出搔癢的嚴重程度? (0: 無搔癢; 10 嚴重搔癢)

5. Which particular areas your pet often scratch/bite/lick if skin is itchy?

當寵物感到痕癢時, 它最常搔/咬/舔身體那個部位?

- | | | | | | |
|--|---|---------------------------------------|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Ears 耳朵 | <input type="checkbox"/> Face 臉部 | <input type="checkbox"/> Lips 嘴唇 | <input type="checkbox"/> Chin 下巴 | <input type="checkbox"/> Neck 頸部 | <input type="checkbox"/> Chest 胸部 |
| <input type="checkbox"/> Back or Rump 背或臀 | <input type="checkbox"/> Tail 尾 | <input type="checkbox"/> Limbs 四肢 | <input type="checkbox"/> Paws 手/腳板 | <input type="checkbox"/> Joints 關節 | <input type="checkbox"/> Genitals 生殖器 |
| <input type="checkbox"/> Axilla (Armpits) 腋下 | <input type="checkbox"/> Abdomen (Belly) 腹部 | <input type="checkbox"/> Anal area 肛門 | | | |
| <input type="checkbox"/> Others 其他: _____ | | | | | |

6. Has the itchy skin been (please tick one) 寵物的搔癢狀況是:

- Continual, even on medication 服藥中仍持續搔癢
 Continual but improved while on medication 持續搔癢, 但服藥後有改善
 Intermittent 斷斷續續的

7. When the problem first started, was there itchy skin or skin lesion first?

當問題剛開始時, 是先有搔癢或是先有皮膚病變?

8. How did the skin or ear problem look like at the beginning?

皮膚問題剛開始時, 耳朵或皮膚有否出現以下徵狀?

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Oily skin 出油 | <input type="checkbox"/> Dry skin 乾燥 | <input type="checkbox"/> Redness 發紅 | <input type="checkbox"/> Pimples 粉刺 |
| <input type="checkbox"/> Hair loss 毛髮稀疏/脫落 | <input type="checkbox"/> Odor 異味 | <input type="checkbox"/> Rash 紅疹 | |
| <input type="checkbox"/> Dandruff 皮屑 | <input type="checkbox"/> Open sores 潰瘍 | <input type="checkbox"/> Color change 顏色變化 | |
| <input type="checkbox"/> Blood or pus oozing ulcer 血或膿瘡 | | | |

9. How are the skin lesions now? 現在皮損狀況是?
 Better 比之前好 Worse 比之前差 Unchanged 沒有變化
10. Is the skin problem worse during certain times of the year? Y 會 / N 否
皮膚問題會否因季節變化而令情況惡化?
If so, when? 如會, 何時? _____

General Questions 寵物一般狀況

1. Is your pet receiving regular vaccination? 寵物是否有定期注射疫苗? Y 是 / N 否
If yes, when was last time? 如有, 上一次是何時? _____
2. Is your pet on regular de-worming? 寵物是否有定期杜蟲? Y 是 / N 否
If yes, what kind of medication, how often, last time given?
如有, 用那種藥? 多久時間一次? 上一次是何時?

3. Is your pet on regular fleas, mites or ticks prophylaxis? Y 是 / N 否
If yes, what kind, how often and last time given?
寵物是否有定期杜蚤, 蟎或牛蜱? 如有, 選用那種藥? 相隔多久一次? 上一次是何時?

4. Do you live in a rural or urban area? 您的寵物生活在郊區或市區? _____
5. Does your pet mainly stay indoor or outdoor? 您的寵物主要居住於室內還是室外?
Percent of time indoor 在室內的時間百分比 _____ %
Percent of time outdoor 在室外的時間百分比 _____ %
6. Have you seen any fleas or ticks on your pet? Y 有 / N 無
有否在寵物身上發現有跳蚤, 蟎或牛蜱?
7. Does your pet have a designated sleeping place? Y 有 / N 無
您的寵物有否在固定的地方睡覺?
 寵物自己的床 和主人睡 其他: _____
8. Has your pet been to another country before? 寵物曾否出國? Y 有 / N 無
If yes, where? 如有, 何時何地? _____
9. Does your pet go swimming? 您的寵物有游泳嗎? Y 有 / N 無
10. How often do you bathe your pet? 您的寵物多久洗澡一次? _____
11. Do you use any shampoo or Conditioner? _____
寵物有否使用任何洗髮水或護髮素?
- Recent change of brand? 最近有否更換品牌? Y 有 / N 無
12. What kind of diet your pet is currently on (Please circle ones apply)?
寵物目前的飲食習慣 (請選一項)
 Dry food 乾糧 Wet food 濕糧 Raw food 生肉

13. Is your pet eating and drinking normally? 飲食習慣是否正常? Y 是 / N 否
If not, please specify 如否, 請說明 _____
14. Have you tried feeding your pet a prescription diet before? Y 有 / N 無
If yes, what brand and for how long it was tried:
您之前有否試過餵飼寵物醫生處方糧? 如有, 哪些牌子和嘗試多長時間?

15. Is your pet currently on any additional food supplements? Y 有 / N 無
您的寵物有否食補充品?
If so, what kinds? 如有, 哪些? _____
16. Is your pet passing normal urine and feces? 寵物大小便是否正常? Y 是 / N 否
If not, please specific the abnormality (I.e. frequency, color, and odor)
如否, 請列明 (例如: 頻率, 顏色, 氣味)

17. Does your pet show any of the symptoms below while having skin or ear problems?
您的寵物皮膚或耳朵問題期間, 有沒有出現以下病徵?
- i. Anal glands problem? 肛門腺是否有問題? Y 是 / N 否
 - ii. Coughing or sneezing? 咳嗽或打噴嚏? Y 有 / N 無
 - iii. Reduced activity level? 活躍程度降低? Y 有 / N 無
 - iv. Conjunctivitis (inflammation of the eyes)?
是否有定期性的結膜炎 (如: 眼睛發炎)? Y 是 / N 否
 - v. Diarrhea or vomiting? 腹瀉或嘔吐? Y 有 / N 無
 - vi. Behavior changed? 行為改變? Y 有 / N 無
 - vii. Weight gain or weight loss? 體重急升或驟降? Y 有 / N 無
18. Are there other pets in the household? 家中有沒有其他寵物? Y 有 / N 無
19. Do any of the other pets have skin or ear problems?
如有, 其他寵物有沒有類似的皮膚或耳朵問題? Y 有 / N 無
20. Does any human in the household have skin problems?
家中和寵物接觸的人有沒有皮膚問題? Y 有 / N 無
21. Is any human in the household severely ill or on immunosuppressive therapy?
家中是否有病重或正在接受免疫抑制治療的人? Y 有 / N 無
22. Do any siblings/parents of the pet have similar problems?
與寵物同胎的狗/貓隻或其父母是否有類似的皮膚問題? Y 有 / N 無

Medication History 藥物診斷治療狀況

1. Does your pet have any diagnosed diseases in history? (If yes, please describe.)
有沒有其他已知的疾病? (如有, 請列明)

2. Is your pet currently on any medication? Y 有 / N 無
If yes, what kind?
寵物有沒有正在服用任何藥物? (如有, 請列明)

It is important that we know if your pet has undergone any diagnostic tests for the associated skin problem and the results. (You may show us the copy of result if applicable)
如您的寵物曾做相關的皮膚診斷測試, 煩請提供相關測試結果. (如有測試結果的影印本亦可給我們)

1. Was there a special skin examination done?
是否曾接受任何皮膚測試? 如有, 請列明 Y 是 / N 否

2. When were the last blood tests done and results?
是否曾作血液檢查? Y 是 / N 否
如有, 請列明何時和結果_____

3. Was there a biopsy test done and histology results?
是否曾作採樣或組織病理化驗? Y 是 / N 否
如有, 請列明何時和結果_____

4. Was there an allergy screening test done? Y 是 / N 否
If yes, when? Was it a blood test or skin test and results?
是否曾接受任何敏感測試? 如有, 請列明測試時間? 血液檢查或皮膚檢查? 結果為何?

It is important that we know if your pet has received any medication for the skin problem before and if they helped? Please check the list of medications used and how much did it help.

注意: 如果您的寵物之前已使用任何皮膚藥物, 請列明所使用的藥物及其反應

- I. Antibiotics 抗生素 Y 有 / N 無
What dosage was prescribed? 藥物名稱及其劑量: _____
 No improvement 無改善 Some improvement 輕微改善 Improved a lot 明顯改善

- II. Antihistamines 抗敏藥(抗組織胺) Y 有 / N 無
What dosage was prescribed? 藥物名稱及其劑量: _____
 No improvement 無改善 Some improvement 輕微改善 Improved a lot 明顯改善



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- III. Antifungal 抗真菌藥 Y 有 / N 無
What dosage was prescribed? 藥物名稱及其劑量: _____
 No improvement 無改善 Some improvement 輕微改善 Improved a lot 明顯改善
- IV. Steroids 類固醇 Y 有 / N 無
What dosage was prescribed? 藥物名稱及其劑量: _____
 No improvement 無改善 Some improvement 輕微改善 Improved a lot 明顯改善
- V. Cyclosporine - immunosuppressive drugs 環孢素 - 免疫抑制藥物 Y 有 / N 無
What dosage was prescribed? 藥物名稱及其劑量: _____
 No improvement 無改善 Some improvement 輕微改善 Improved a lot 明顯改善
- VI. Oclacitinib - anti-itch/anti-inflammatory 抗癢/抗炎 Y 有 / N 無
What dosage was prescribed? 藥物名稱及其劑量: _____
 No improvement 無改善 Some improvement 輕微改善 Improved a lot 明顯改善
- VII. Shampoo, spray, lotions, fatty acids etc..... Y 有 / N 無
其它藥物 – 如沖涼液，噴劑，護膚，服脂肪酸等
What dosage was prescribed? 藥物名稱及其劑量: _____
 No improvement 無改善 Some improvement 輕微改善 Improved a lot 明顯改善

Thank you for providing us the information to your best knowledge. If you have any questions, we will address them during the consultation.

感謝你盡所能為我們回答上述相關問題，如有任何疑問，請於診症期間向醫生查詢。