



The Itch Clinic

Allergy, Dermatology, and Otolaryngology

Dr. Keith A Hnilica DVM, MS, DACVD

Patient's Name: _____

Age: _____ Breed: _____

Reason for Visit: _____

Diet:

Chronic: 1 2 3 4 5 6 7 8 9 10

Itch: 1 2 3 4 5 6 7 8 9 10

Odor: 1 2 3 4 5 6 7 8 9 10

Skin: 1 2 3 4 5 6 7 8 9 10

Lichen: 1 2 3 4 5 6 7 8 9 10

Crusts: 1 2 3 4 5 6 7 8 9 10

Rash: 1 2 3 4 5 6 7 8 9 10

Ears: 1 2 3 4 5 6 7 8 9 10

Feet: 1 2 3 4 5 6 7 8 9 10

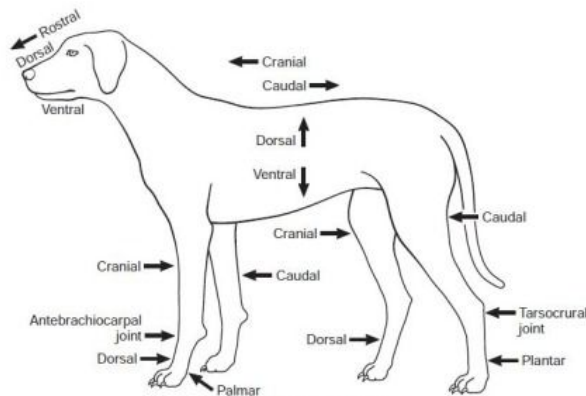
Lumbar: 1 2 3 4 5 6 7 8 9 10

GI: 1 2 3 4 5 6 7 8 9 10

Sleeping at Night: Yes No

Separation/Thunder Anxiety: Yes No

Nodules: Yes No



The Itch Clinic

4 locations in East Tennessee

(800) 621-1370

www.itchnot.com

TheItchClinic.com



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<u>Cytology Results:</u>	<u>Skin</u>	yeast	cocci	pollen	A-cells
	<u>Ears</u>	yeast	cocci	rods	
	<u>Scrape</u>	negative	mites: _____		

Secondary Infections:

Pyoderma:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Demodex:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Yeast:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Otitis:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>

Primary Disease:

Atopy:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Food Allergy:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Scabies:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Insect/Flea:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Hypothyroidism:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Cushing's:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Lupus/PF:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
MRSA/MRSP:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Dermatophyte:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>

Diagnosis:

Treatment:

Next Step:

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