

CLIENT HISTORY QUESTIONNAIRE

Name: _____

Pet: _____

1. Why are you bringing your pet to see a neurologist?

Please describe the problem your pet has in your own words.

2. How long has this problem been going on? _____

3. Did the problem begin suddenly, or was it gradual? _____

4. Since the problem began, do you think your pet is getting worse, getting better, or is about the same? _____

5. Do you think your pet is in pain? _____

If yes:

1. Do you believe the pain is constant or just at certain times, or in certain positions?

2. Where do you think the pain is coming from? _____

6. Has your pet been treated with any medications for this problem?

Please list them and whether or not you think they have helped.

7. Does your pet have any other serious medical conditions? _____

8. Has your pet had any other serious medical problems in the past? _____

9. Please list any other important information you think we should know about your pet.

