

CARDIOLOGY HISTORY QUESTIONNAIRE Date: \_\_\_\_\_

*Please answer the following questions and indicate changes since your last visit*

**Current Problem and Medical History (please check any that apply)**

Why did you bring your pet to the Cardiology Department?

Heart murmur  Abnormal Heart Rhythm  Collapse  Trouble breathing  Other : \_\_\_\_\_

**Diet History:**

What is your pet's diet? Canned  Dry  Brand: \_\_\_\_\_

Treats: \_\_\_\_\_ Table Food: \_\_\_\_\_

**Changes in Normal Activity (please check any that apply):**

**Appetite:** Normal  Increased  Decreased  Describe: \_\_\_\_\_

**Weight:** Normal  Increased  Decreased  Describe: \_\_\_\_\_

**Water Intake:** Normal  Increased  Decreased  Describe: \_\_\_\_\_

**Urination:** Normal  Increased  Decreased  Describe: \_\_\_\_\_

**Bowel Habits:** Normal  Increased  Decreased  Diarrhea  Describe: \_\_\_\_\_

**Vomiting:** None  Daily  Weekly  Intermittent  Describe: \_\_\_\_\_

**Exercise:** Normal  Increased  Decreased  Describe: \_\_\_\_\_

**Coughing:** None  Daily  Weekly  Intermittent  If coughing, answer the following questions:

When did the cough start: \_\_\_\_\_

Has the cough: Worsened  Improved  Stayed the same

Character of the Cough: Harsh  Honking  Wheezing  Soft  Wet  Ends with gag

Cough occurs: At night  In the morning  After activity/excitement  After drinking  Anytime

Has your pet had any treatment for the cough? Yes  No  Specify \_\_\_\_\_

Did the treatment help? \_\_\_\_\_

**Difficult/Rapid Breathing:** None  Daily  Weekly  Intermittent  Respiratory rate at home \_\_\_\_\_

If yes, does the rapid breathing occur at a specific time of day \_\_\_\_\_

**Voice/Bark Change:** No  Yes  Describe: \_\_\_\_\_

**Collapse Episodes:** No  Yes  If collapsing, answer the following questions:

How many collapse events have occurred \_\_\_\_\_ Dates: \_\_\_\_\_

Event occurred with: Excitement  Activity/Exercise  Rest  Cough  Other: \_\_\_\_\_

During the event my pet was: Limp  Stiff  Trembling/shaking  Paddling  Gum chewing

During the episode my pet: Urinated  Defecated  Cried Out  Layed on: side  stomach  back

How long did the event last? \_\_\_\_\_

How long did it take for your pet to return to normal afterwards? \_\_\_\_\_

List other non-cardiac medical problems (eg: Diabetes) \_\_\_\_\_

**Current Medications:**

List current Medications, Dosages, and Frequency of Administration \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You Need Refills? No  Yes  List: \_\_\_\_\_

Heartworm prevention: No  Yes  Brand: \_\_\_\_\_

Date of last heartworm test \_\_\_\_\_ Negative  Positive

**Technician Notes:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_