



# 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

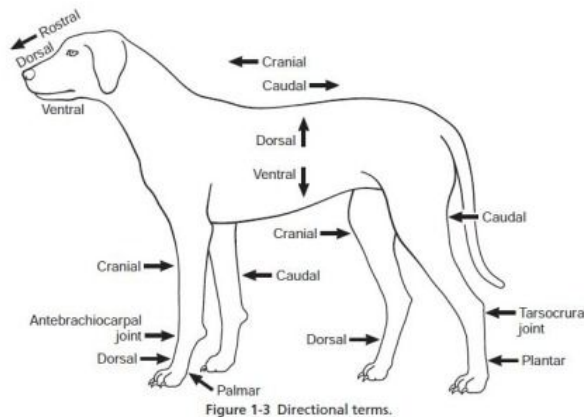
Lumbar: 1 2 3 4 5 6 7 8 9 10

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

Sleeping at Night: Yes No

Separation/Thunder Anxiety: Yes No

Nodules: Yes No



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*4 locations in East Tennessee*

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|                                 |                      |          |              |        |         |
|---------------------------------|----------------------|----------|--------------|--------|---------|
| <b><u>Cytology Results:</u></b> | <b><u>Skin</u></b>   | yeast    | cocci        | pollen | A-cells |
|                                 | <b><u>Ears</u></b>   | yeast    | cocci        | rods   |         |
|                                 | <b><u>Scrape</u></b> | 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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