

Feline Risk Assessment

Name:		Pet's Name:	
Address:			
Phone:	(H) (C) (W)		
Email:			

Recent History & Risk Factor Evaluation

Since your last visit, some aspects of your cat's lifestyle might have changed. We'll use this information to help evaluate your cat's health and individualize the care your cat receives, including vaccinations and examinations. Please indicate by circling which items below describe your cat's lifestyle.

My Cat:			
1. Goes outside:	Never	Occasionally	Always Out
2. Lives with other cats:		Yes	No
3. Is boarded:		Yes	No
4. Comes into contact with cats other than house-mates:		Yes	No
5. I plan to get an additional cat someday:		Maybe	Never
6. Goes to a groomer:		Yes	No
7. Lives with or visits an immunocompromised person:		Yes	No
8. Please indicate if <animal> is on any medication: <input type="checkbox"/> Frontline <input type="checkbox"/> Advantage Multi <input type="checkbox"/> Other: _____			
Do you need a refill for any of the above medications today?		Yes	No
9. Has a Microchip:		Yes	No
Please answer the following questions about your cat's recent behavior.			
Current brand of diet: _____ Appetite is:	Normal	Decreased	Increased
Weight:	Stable	Loss	Gain
Water consumption:	Normal	Decreased	Increased
Bowel movements:	Normal	Constipated	Diarrhea
Urination:	Normal	Decreased	Increased
Using litter box:		Yes	No
Bad Breath:		Yes	No
Vomiting:		Yes	No
Coughing or gagging:		Yes	No
Sneezing:		Yes	No
Any listlessness:		Yes	No
Any weakness:		Yes	No
Shaking head:		Yes	No
Hair loss:	Patchy	Generalized	Shedding
New lumps or bumps:		Yes	No
Unusual discharge:		Yes	No
Lameness:		Yes	No
Difficulty rising:		Yes	No
Reluctant to jump:		Yes	No
Any behavioral changes:		Yes	No

Thanks for taking the time to provide us with this updated information on <animal>. We'll be with you shortly.

Patient Chart

Printed <date> at <time>

CLIENT INFORMATION Added <added>

Name <title> <first-name> <last-name> (<number>) **Spouse** <spouse>
Address <address>
 <city>, <st> <zip>
Home# (<area>) <phone> **Work#** (<area>) <business> **Cell#** <cell-phone>
E-Mail <e-mail> **Referred by** <referred-by> **Balance** <balance>

PATIENT INFORMATION

Name <animal> (#<patient-record-id>) **Species** <species> **Breed** <breed>
Sex <sex> **Birthday** <birthday> **Age** <age-name>
Color <color> **Microchip** <id>
Rabies <rabies> **Weight** <weight> **BCS** <soap-bcs>of <soap-bcs-high>
 <measure>

<[Patient-Plan History-Description]> Expires: <[Patient-Plan Expiration]>

ALERT

<animal-alert>

APPOINTMENT NOTES <appt-date> at <appt-time>
 <appt-notes>

REMINDERS FOR <animal>

Due Date _____ Reminder _____
 <reminders>

VACCINE HISTORY FOR <animal>

<vaccs>

ALL PETS IN HOUSEHOLD

<animals>

ALLERGIES

<allergy>

DIAGNOSES

<dx-descriptions>

