Orthopedic History Form

Date:

Client Name:
Patient Name:
Patient Age:
Patient Breed:
Patient Sex:
Patient Weight:

Part 1: Presenting Complaint

What is the presenting complaint?

How long has this been going on?

Was there a history of trauma or inciting cause?

Has your dog ever had joint trauma or surgery?

What are your greatest concerns regarding your pet's condition at this time?

Are symptoms/mobility concerns getting: ☐ better ☐ worse ☐ staying the same

Have you noticed any of the following: ***Check all that apply***

	Change in sleeping habits (sleeps more/ is restless/ can't get comfortable)
	Change in elimination habits (change in posture to urinate/ defecate/ accidents in house)
	Change in behavior (more reclusive/ new aggression towards people or other dogs)
	Difficulty lying down
	Difficulty getting up
	Difficulty jumping UP (in the car/ on the bed/ on the couch)
	Difficulty going UP stairs
	Difficulty going DOWN stairs
	Change in tail position/ wagging (hold tail lower)
	Change in appetite (indicate if INCREASED or DECREASED)
	Vomiting
	Diarrhea
	Coughing, sneezing
	Straining to urinate or defecate
	Change in sound of bark
	Gagging/ wheezing/honking sounds
	Any new lumps or bumps that are growing quickly

Part 2: Activities of Daily Living

Does your dog go for a **walk** every day? ☐ Yes ☐ No How long? _____

Does you dog go to the **dog park**? ☐ Yes ☐ No How frequently? _____

Does your dog go to **day care?** ☐ Yes ☐ No How frequently? _____

Do you have **other dogs** at home? ☐ Yes ☐ No

Do you have **stairs** in your home? ☐ Yes ☐ No

Do you have **slick floors** (hard wood/tile/laminate) in your home? ☐ Yes ☐ No

Does you dog have access to a **fenced yard**? ☐ Yes ☐ No

Can your pet get themselves outside (or into a litterbox) to urinate/defecate? ☐ Yes ☐ No

Can your pet independently move around the home? ☐ Yes ☐ No

Can you pet eat and drink while standing up? ☐ Yes ☐ No

Where does your dog sleep?

Any other daily or weekly activities your dog participates in?

Part 3: Response to Rest/Activity

Does your dog's mobility improve with rest? ☐ Yes ☐ No ☐ Unknown

Does your dog's mobility improve with regular exercise? ☐ Yes ☐ No ☐ Unknown

What makes your dog's mobility better or worse? (Is your dog more sore first thing in the morning then warms out of it? Becomes lame after a long walk or play?)

Part 4: Response to Treatment

Have any of the following treatments been tried and did they help your dog's mobility?

Pain Medication (NSAIDs, other) ☐ Helped ☐ No Help ☐ Can't Tell

Supplements ☐ Helped ☐ No Help ☐ Can't Tell

Acupuncture ☐ Helped ☐ No Help ☐ Can't Tell

Rehabilitation/ Hydrotherapy ☐ Helped ☐ No Help ☐ Can't Tell

Surgery ☐ Helped ☐ No Help ☐ Can't Tell

Other:

Part 5: Current Medications and Supplements

Current medications (include all supplements, parasite prevention, over the counter and prescription).Please also include frequency of administration and date of last dose(s):

Allergies to any medication (vomiting, diarrhea, change in appetite, sedation, etc.):
List medication and reaction

Part 6: Diet and Nutrition

Please list all sources of calories that your dog receives. It is OK if they get treats or "people food," please just let us know so we can take into account for nutritional recommendations.

Primary diet (include kibble, canned, fresh cooked, freeze dried, raw):

How many times/ day and how much (in cups) do you feed?

Treats (estimated #/day):

Extras (estimated #/day):

Allergies to any food:

Part 7: Other Medical History

List all surgeries, including spay or neuter, and approximate date:

List any previous medical history including any hospitalization or treatments:
(examples: seizure, bladder infection, pancreatitis)

Part 8: Goals

What do you hope to get from today's visit?

What is your ideal level of exercises or activity for your dog?
(Examples: able to play at the dog park without being sore, able to go for a walk without limping, able to hunt or participate in agility competitions)

Part 9: Realistic Expectations/ Limitations for Home Therapies and Owner Involvement

We will customize a plan specific to YOU and YOUR PET that typically will involve both in-clinic and at home treatment recommendations. To do so, we must set realistic goals and expectations. Please know that there are absolutely no right or wrong answers here, we just want to work with you and design a program that can be carried out and maintained long term.

Realistically, what concerns do you have for carrying out a home program that may include walks, exercises, diet, administering medications, change in routine?
(Examples: time restrictions, other dog in house, young children, cost)

Describe any other goals or concerns regarding pain management and mobility that you would like to discuss.

Part 10: Quality of Life

List 3-5 factors that you feel give your pet a good quality of life
(examples may include eating, family interactions, playing with other animals, going on walks, playing fetch, etc.)

Rate your pet's current quality of life

1 (>90% bad days)	2	3	4	5 (50% good days 50% bad days)	6	7	8	9	10 (>90% good days)

Would you like additional resources related to monitoring your pet's quality of life? ☐ Yes ☐ No

* After your mobility consultation Dr. Badge will email you her findings and recommendations- for this communication do you prefer
☐ A very detailed report (multiple pages)
☐ A bullet point summary (1 page report)

UP DOG
VETERINARY REHABILITATION

Is My Dog In Pain?

Please answer yes or no for each of the following:	**Yes**	**No**
My dog is licking at one area obsessively		
My dog's appetite has decreased		
My dog does not get up to greet me any longer		
My dog sleeps more		
My dog is restless at night		
My dog does not want to go for walks any more or lags behind on walks		
My dog has always been housebroken, but now is having accidents in the house		
My dog does not want to be touched or pet		
My dog is newly reactive or aggressive towards people or other animals		
My dog is limping or not putting weight on a leg		
My dog can't seem to get comfortable		
My dog struggles to go up or down stairs		
My dog has trouble getting up from laying down		
My dog does not sniff or smell during walks, instead is panting heavily		
My dog is trembling, circling, or pacing		
My dog can no longer jump in the car or on the couch		
My dog has a glazed or wide-eyed look		
My dog's ears are pinned back		
My dog pants alot, even at rest		
My dog's coat seems dull, and the hair stands up in places		
My dog no longer wants to be held or picked up		
My dog is reclusive and hiding		
My dog's back is hunched		
My dog is whimpering, moaning, or yelping		
My dog does not want to turn his head or move his neck		

- If you answered **YES** to any of these questions, your dog may be suffering from chronic pain. Arthritis is the most common cause of chronic pain and requires a multi-prong approach to treatment, including pain relievers.
- You should talk to your veterinarian as soon as possible about your dog's pain. It is crucial that your pet's pain be addressed in order to minimize the long-term consequences of pain and preserve a good quality of life for them.

UP DOG
VETERINARY REHABILITATION

Client Specific Outcome Measures

Instructions: Pick 3 activities that your dog has difficulty with ot behaviors that have changed that you are concerned about (related to pain or mobility); be as specific as possible.
For example: going up stairs at the end of the day; or jumping into the SUV (but can jump in the sedan); or going for a walk more than 15 minutes if there are hills involved; or does not get up to greet me when I come home any longer.

List these 3 activities and then assign a score to each problem. Re-evaluate these specific problems 2-4 weeks after starting or modifying our treatment plan.

Mobility or behavior problems associated with arthritis or orthopedic disease	No problem 0	A little problem 1	Moderate problem 2	Significant Problem 3	Cannot do 4