



Diabetic Patient Medical Update Sheet

Client: _____

Date: _____

Patient: _____

DVM: Dr. Jennifer Sergeeff

In order to provide you and your pet with superior medical care, we would like you to tell us briefly how your pet has been doing *since the last time we saw them*.

1. What is the reason for today's visit? _____
2. How is your pet's attitude? NORMAL LETHARGIC/DEPRESSED
3. How is your pet's activity level? NORMAL INCREASED DECREASED
4. How is your pet's appetite? NORMAL INCREASED DECREASED
5. Water Intake? /Est. amount NORMAL INCREASED DECREASED
6. Is your pet coughing? _____ If yes, how frequently? _____
7. Is your pet sneezing? _____ If yes, how frequently? _____
8. Is your pet vomiting? _____ If yes, how frequently? _____
9. Is your pet having diarrhea? _____ If yes, how frequently? _____
If yes, is there blood present? _____ If yes, is there mucus? _____ If yes, is your pet straining to pass stool? _____
10. What is your pet's current diet and quantity consumed? (Please include treats and human food) (is this normal amount, or increased, decreased?)

11. What medication(s) is your pet currently receiving, including herbal and nutritional supplements?

12. When was the last dose of medication administered? _____
 1. **For DIABETICS:** What time did pet eat, when last insulin given and dose: _____
13. Do you need prescriptions refilled today? _____
14. If we have any questions for you, what number can we use to contact you? _____
15. Do you have any specific concerns that you would like us to know about or address today?
