

# PET GENERAL HEALTH CHECK (>8 YEARS OLD)

General History (past 2 weeks)	CURRENT MEDICATIONS	VITALS	PHYSICAL EXAM	BLOOD TEST/ URINE TEST
<input type="checkbox"/> Appetite normal <input type="checkbox"/> Drinking normal amounts <input type="checkbox"/> Urination normal <input type="checkbox"/> Defaecation normal <input type="checkbox"/> No Vomiting, Diarrhoea, Coughing, Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Any signs of pain Where: ----- <input type="checkbox"/> Itchy; Where: -----	<input type="checkbox"/> <b>Yes</b> Name of medication: ----- ----- ----- ----- Dose and frequency: ----- ----- ----- <input type="checkbox"/> <b>Not on any current meds</b>	<input type="checkbox"/> Heart rate: ----- <input type="checkbox"/> No Heart murmur <input type="checkbox"/> Breathing rate: ----- <input type="checkbox"/> Temperature (please skip if patient is fearful): -----	<input type="checkbox"/> Eyes normal <input type="checkbox"/> Ears normal <input type="checkbox"/> Oral exam normal <input type="checkbox"/> Musculoskeletal normal <input type="checkbox"/> Back normal <input type="checkbox"/> Gait normal <input type="checkbox"/> Abdomen normal <input type="checkbox"/> Lymph nodes normal List any abnormalities or send through history: ----- ----- ----- -----	<input type="checkbox"/> <b>Complete Blood Count</b> <input type="checkbox"/> <b>Full Biochemistry</b> <input type="checkbox"/> <b>Electrolytes</b> <input type="checkbox"/> <b>Total T4 levels</b> <input type="checkbox"/> Patients with Inappropriate urination <b>Urinalysis with Sedimentation</b>