

The Medical History



**Getting the Most
Out of Your Clients**

**Dr. Ernie Ward
Calabash, North Carolina
www.E3Management.com**

The Medical History

**Getting the Most
Out of Your Clients**

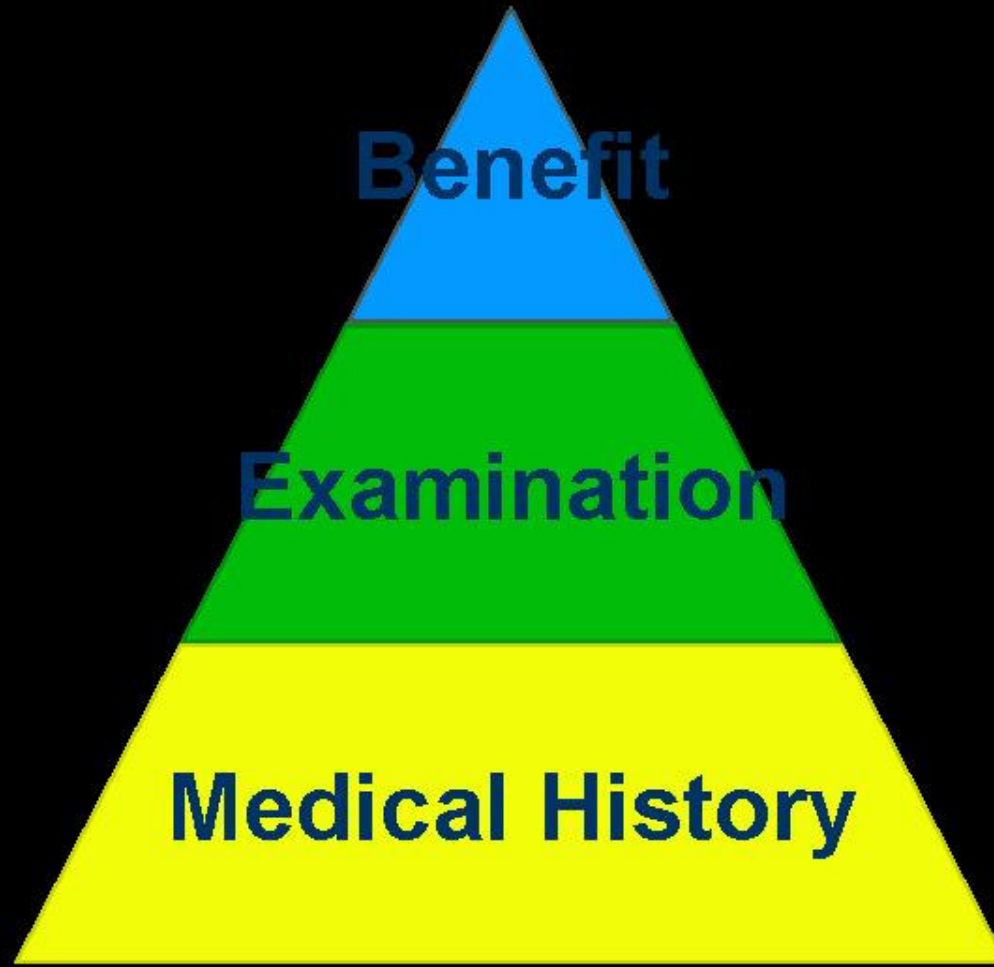




Medical History

***(Thanks, but I think I've
got that one covered)***

The Foundation of Everything





The Basics

- **Dynamic vs. Passive Questionnaire**
- **Provides Structure and Focus**
- **Demonstrates Thoroughness**
- **Eliminates Information Gaps**

The Basics

- **Date**
- **Pet and Client's Name**
- **Chief Complaint and Duration**
- **Weight and Temperature**





The Basics

- **Diet**
- **Medications or Supplements**
- **Previous Medical Conditions**
- **Vaccination and Test Status**
- **Exposure to Other Pets, Travel, or Stressful Events**



9256 Beach Drive
 Colabash, NC 28467
 (910) 579-5550 pH/fax
 www.SeasideVet.com



CANINE ANNUAL EXAMINATION REPORT

Staff _____ Dr. _____

Pet's Name _____ Date _____ Age _____ yrs. Weight _____ lbs.

1. What heartworm and flea/tick preventive are you using? None Yes _____
 Last Administered _____ Have you seen any fleas or ticks on your dog? No Yes
2. What brand of food do you feed your dog? How much do you feed? _____
3. Do you provide any dental care for your dog? No Yes _____
4. Do you have other pets? Are they currently vaccinated and on heartworm and flea preventive? None Yes
5. Does your dog go outside: Daily for Bathroom/Walks 50:50 Indoor/Outdoor Outdoor Dog
6. Does your dog: Board Groom Dog Parks Obedience/Training Classes Contact Neighborhood Dogs
7. Have you noticed any lumps or bumps on your dog? None Yes _____
8. Have you noticed any of the following: Coughing or Labored Breathing Limping Lethargy
Increased Thirst Increased Urination Diarrhea Vomiting Other _____
9. Are there any health issues or behaviors you wish to discuss? None Yes _____

<p>GENERAL</p> <p>Weight <input type="checkbox"/> Normal <input type="checkbox"/> Thin <input type="checkbox"/> Heavy Ideal _____ lb. Attitude <input type="checkbox"/> Normal <input type="checkbox"/> Lethargic <input type="checkbox"/> Nervous <input type="checkbox"/>RV _____ <input type="checkbox"/>DAP-3 <input type="checkbox"/>Bord/PI <input type="checkbox"/>Lyme <input type="checkbox"/>DHP-P</p> <p><input type="checkbox"/> Heartworm Antigen Test <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Lyme Antibody Test <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> E. canis Antibody Test <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Internal Parasite Test <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p>	<p>MOUTH / TEETH / GUMS</p> <p><input type="checkbox"/> Appear Normal <input type="checkbox"/> Tartar <input type="checkbox"/> Calculus <input type="checkbox"/> Broken Teeth <input type="checkbox"/> Gingivitis <input type="checkbox"/> Ulcers <input type="checkbox"/> Periodontal Disease Stage _____ /4</p> <p>HEART AND LUNGS</p> <p><input type="checkbox"/> Appear Normal <input type="checkbox"/> Congestion <input type="checkbox"/> Cough <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Other _____</p>		
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Next Appointment _____ for _____



CANINE ANNUAL EXAMINATION REPORT

Staff _____ Dr. _____

Pet's Name _____ Date _____ Age _____ yrs. Weight _____ lbs.

1. What heartworm and flea/tick preventive are you using? None Yes _____
Last Administered _____ Have you seen any fleas or ticks on your dog? No Yes
2. What brand of food do you feed your dog? How much do you feed? _____
3. Do you provide any dental care for your dog? No Yes _____
4. Do you have other pets? Are they currently vaccinated and on heartworm and flea preventive? None Yes
5. Does your dog go outside: Daily for Bathroom/Walks 50:50 Indoor/Outdoor Outdoor Dog
6. Does your dog: Board Groom Dog Parks Obedience/Training Classes Contact Neighborhood Dogs
7. Have you noticed any lumps or bumps on your dog? None Yes _____
8. Have you noticed any of the following: Coughing or Labored Breathing Limping Lethargy
Increased Thirst Increased Urination Diarrhea Vomiting Other _____
9. Are there any health issues or behaviors you wish to discuss? None Yes _____



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FELINE ANNUAL EXAMINATION REPORT

Staff _____ Dr _____

Pet's Name _____ Age _____ yrs. Weight _____ lbs. Date _____

1. What heartworm and flea preventive are you using? None Yes _____
2. What brand of food do you feed your cat? How much do you feed? _____
3. Do you provide any dental care for your cat? No Yes _____
4. Do you have other pets? If yes, are they currently vaccinated and on heartworm and flea preventive?
None Yes _____
5. Does your cat go outside: Never Rarely Occasionally Daily Mainly Outdoors Outdoor Cat
6. Does your cat: Board Groom Travel with You Other Animal Contact _____
7. Have you noticed any lumps or bumps on your cat? None Yes _____
8. Have you noticed any of the following: Coughing or Labored Breathing Limping Lethargy
Increased Thirst Increased Urination Vomiting Diarrhea Constipation Dry, Lusterless Fur
9. Does your cat have any behaviors you wish you could change? None Yes _____
10. Are there any health issues you'd like to discuss with the doctor? None Yes _____

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Document1 - Microsoft Word

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www.Seasidevet.com

CANINE ANNUAL EXAMINATION REPORT

Pet's Name: _____ Date: _____ Age: _____ Weight: _____

1. What heartworm and flea/tick preventive are you using? None Yes
Last Administered: _____ Have you seen any fleas or ticks on your dog? No Yes

2. What brand of food do you feed your dog? How much do you feed? _____

3. Do you provide dental care for your dog? No Yes

4. Do you have other pets? Are they currently vaccinated and on heartworm and flea preventives? None Yes
 Daily for bathroom/walks 50/50 Indoor/Outdoor Outdoor Dog

5. Does your dog go outside? Board Groom Dog Parks Obedience/Training Classes Contact Neighbourhood Dogs

6. Have you noticed any lumps or bumps on your dog? None Yes
 Increased Urination Diarrhea Vomiting Other: _____

7. Have you noticed any of the following? Coughing or Labored Breathing Limping Lethargy Increased Thirst

8. Are there any health issues or behaviors you wish to discuss? None Yes

GENERAL

Weight Normal Thin Heavy Ideal _____ lbs
Attitude Normal Lethargic Nervous

RV1 RV3 DAP-3 Bord/PI LYME DHP-P

Heartworm Antigen Test Positive Negative
 Lyme Antibody Test Positive Negative
 E Canis Antibody Test Positive Negative
 Internal Parasite Test Positive Negative

COAT AND SKIN

MONTH/TEETH/GUMS

Appear Normal Tartar Calculus
 Broken Teeth Gingivitis Ulcers
 Periodontal Disease Stage _____

HEART AND LUNGS

Appear Normal Congestion Cough
 Heart Murmur Difficulty Breathing
 Other: _____

LEGS AND PAWS

DELL



Suggested Questionnaires

- Limping
- Itching
- Vomiting and/or Diarrhea
- Coughing
- Abnormal Urination
- Sneezing and/or Ocular Discharge



What They Look Like

Red Eyes, Squinting, Ocular Discharge Questionnaire

Pet's Name _____ Date _____ Staff _____

Age _____ Weight _____ lbs. Rectal temperature _____ °F

1. Which eye is affected? _____

2. Describe your pet's condition: _____

3. How long have you noticed the problem? _____ hours days weeks

4. Did your pet experience any trauma or injury? If so describe. _____

Red Eyes, Squinting, Ocular Discharge Questionnaire

Pet's Name _____ Date _____

Age _____ Weight _____ lbs. Rectal temperature _____ °F

1. Which eye is affected? _____

2. Describe your pet's condition: _____

3. How long have you noticed the problem? _____ hours

4. Did your pet experience any trauma or injury? If so describe. _____

5. How is your pet reacting to the problem? rubbing the eyes squinting whin
 other _____

6. Does your pet's vision seem to be adversely affected? NO YES _____

7. Has your pet experienced any eye problems in the past? If so, describe: _____

8. Have you used any medications and/or treatments for the eye problem? If so, describe: _____

9. Has your pet experienced any loss in appetite, vomiting, diarrhea, etc.? NO YES

Additional Information:

The How

- **Use Their Name**





The How

- **Make and Maintain Eye Contact**



The How

- **Be Seated**
- **45-degree angle**



The How

- **Show Compassion**
- **Stay Focused**





Exam Philosophy

- Communication Event
- Primary Determinant of Value
- Involve and Elevate Team
- Increase Compliance
- Perceived Thoroughness is Vital to Creating Value



The Examination

- **Medical History**

- Technician / Exam Room Staff
- Seated
- Eye Contact



The Examination

- Medical History
 - Questionnaire
 - 2-5 Minutes



The Examination

- Laboratory Samples
 - Introduce Assistant
 - Who, What, Why and Where





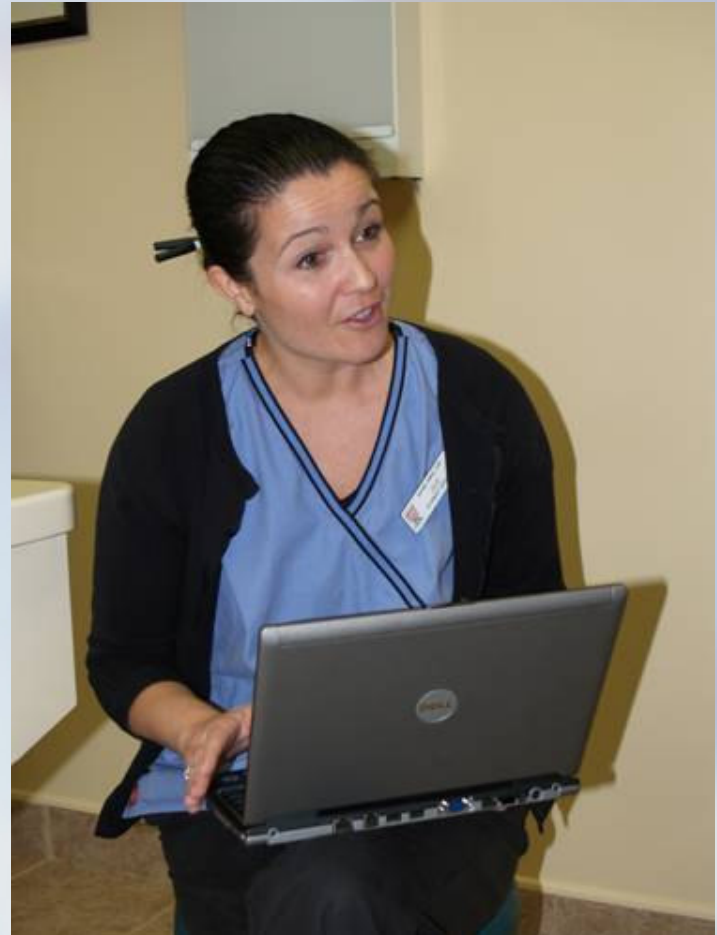
The Examination

- **Laboratory Samples**
 - Assistant Escorts Pet to Treatment Area



The Examination

- Continue Medical History
 - Provides Initial Recommendations
 - Answers Questions
 - Additional 3-5 Minutes
 - Total Staff-Client Time is 6-10 minutes up to this point





The Examination

- Pet is Returned to Exam Room by Assistant
 - Doctor Has Been Alerted by Assistant
 - Technician Completes Initial Discussion and Recommendations
 - Train to Trust





The Examination

- Doctor Enters Exam Room
 - Warm Greeting
 - Technician Stands and Moves to Exam Table
 - Doctor Time 9-12 Minutes for Reviewing Medical History, Examination and Explanation





The Examination

- Warm Greeting
 - Shake Palms and Paws
 - Seated
 - Good Eye Contact





The Examination

- Doctor Receives Patient History from Technician





The Examination

- Doctor Stands
- Technician Places Pet on Exam Table
- Begin Examination



Putting It Together

- Discharge Instructions
- Client Receives Copy of Questionnaire
- Client Education Handouts
- Teamwork
- Demonstrates Team Thoroughness



Discharge Instructions



Seaside Animal Care, PA
9256 Beach Drive
Calabash, NC 28467
Phone/Fax: (910) 579-5550
www.SeasideVet.com



SURGERY REPORT

PATIENT: Jake Taylor
SURGERY DATE: 1/5/2006

PRE-SURGICAL BLOODWORK

Pre-anesthetic blood tests (CBC, serum chemistries and electrolytes) – acceptable for anesthesia

ANESTHESIA

Jake received pre-operative pain relief medication – 150-mg carprofen by subcutaneous injection. Domitor/butorphanol short-acting injectable anesthetic was administered. Anesthetic reversal was accomplished using Antisedan.

SURGERY

Patient presented for removal of a mass on the front right footpad (see photo). The tumor was as completely excised as anatomically possible. 3-0 PDS was used for internal closure and 3-0 Ethilon suture was used to oppose the cutaneous tissues in a simple interrupted pattern. The entire tissue sample was submitted for histopathological review to determine the cell type (malignant versus benign).

TREATMENT AND HOME CARE

1. Review all handouts.
2. A protective wrap was placed over the surgery site to prevent licking of the site. Remove the wrap in two to three (2-3) days.
3. If the wrap becomes soiled or wet, remove at once. **IMPORTANT.**
4. After removing the wrap, you may gently clean the incision site with a warm wet washcloth (do not use hydrogen peroxide or alcohol) daily for one week or until sutures are removed.
5. Give two (2) 500-mg cephalixin antibiotic capsules by mouth every twelve (12) hours until completed in five (5) days. 20 count. 0 refill
6. Contact the hospital if your pet begins licking, chewing, scratching or rubbing at the site. We will provide you with a protective collar to prevent injuring to the surgery site. **IMPORTANT.**
7. Return in seven (7) days for recheck examination and suture removal.
8. We will contact you as soon as histopathology results arrive, usually in five to seven (5-7) working days.
9. Good prognosis for surgical recovery. Future prognosis is based on pathology results.
10. Contact the hospital if you observe excessive drainage or a foul odor from the site, excessive or persistent bleeding blood in the stool, dark stools, vomiting or diarrhea, lethargy or decreased activity, decreased appetite for 36-48 hours, difficulty breathing or coughing, yellowish or discolored eyes and/or mucous membranes or any other abnormality you feel uncomfortable with.

*Thank you for allowing us to treat Jake.
If you have any further questions or concerns,
feel free to call the hospital.*

Ernest E. Ward, Jr., D.V.M.

Tumor prior to Surgery –
Right Front Paw





THANK YOU!

For Staff and Client Education Materials

www.E3Management.com

DrWard@E3Management.com



Next:

**4:00 pm Dealing with the Dirty:
How to Handle the Most Common
Unpleasant Client Comments**

Gentle