

## Seizure/Movement Disorder Recheck Form

Pet Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Reason for Recheck:  Bloodwork  Refills  Other/Concerns: \_\_\_\_\_

When was the most recent episode: \_\_\_\_\_

Change in description of events? \_\_\_\_\_

Typical frequency of events? \_\_\_\_\_

Any recent health changes: \_\_\_\_\_

Is your pet having other new neurological symptoms? (pain, weakness, balance, behavior change, disorientation, vision loss, etc) \_\_\_\_\_

Have recent drug levels or other lab work been performed?  Yes  No

If so, when/where? \_\_\_\_\_

### Medications

Dose changes since last visit: \_\_\_\_\_

Any side effects? \_\_\_\_\_

Can you give medications every 8 hours (3 times per day)  Yes  No

Every 12 hours (2 times daily)  Yes  No Do you prefer  Tablets  Liquids

Are you satisfied with medication pricing?  Yes  No

Do you use coupons, Good Rx, etc? \_\_\_\_\_

## Current Medications

Drug Name	Pill Size or Liquid Concentration	Dose	Frequency	Source	Date Started

Other current / past health conditions, concerns, surgeries? \_\_\_\_\_

\_\_\_\_\_

Current Diet: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

**FOR CATS**  Indoor  Outdoor  Indoor/Outdoor

Is your pet up to date on vaccines, including Rabies?  Yes  No

Has your pet spent time in other regions out of the Mid-Atlantic area within the last 6 months?  Yes  No

If so, where? \_\_\_\_\_