

2-Week Radius/Ulna Fracture Recheck Examination

Patient name: _____

Breed: _____ Age: _____ yrs Sex: M F NM FS

Pet Owner's Name: _____

Date: _____

Client history questionnaire:

1. Which forelimb was the fracture surgically stabilized?
 Left Right
2. When was the fracture stabilized with surgery? _____ weeks ago
3. What is the severity of lameness at home on operated side? Mild Moderate
 Severe Nonweight-bearing
4. Does your pet knuckle paw of the forelimb(s) when walking or standing? No
 Yes If so which limb: _____
5. Does your pet cry out in pain? No Yes If yes state when and how often and when:
6. Is there any swelling of the limbs? No Yes
7. Is the fractured limb sensitive or painful to touch? No Yes
8. Has your pet been urinating normally? No Yes
9. Are your pet's bowel movements normal? No Yes List issues if present:
10. Do you give your pet nutritional supplements? No Yes List:
11. Has your pet received any nonsteroidal anti-inflammatory (NSAID) medication (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx)? No Yes - List (medication, dose and when last dose given, adverse effects):
12. Other medications that your pet is receiving? No Yes - List (medication, dose and when last dose given, adverse effects):
13. How has your pet's appetite been? Normal Decreased
14. Has your pet been licking the surgical site? No Yes
15. Has your pet been wearing an Elizabethan collar? No Yes
16. Are you doing range of motion of joints of the forelimb? No Yes
17. Is your pet's activity restricted? Yes No - explain:
18. Has your pet's weight changed since surgery? No Increased Decreased
Amount of weight change: _____ lbs

Telemedicine appointment: please text or email (to your pet's surgeon) a photo of the incision and a video of your pet walking (dogs outdoors on grass; cats indoors only)