

## Radius/Ulna Fracture History Form – Initial Evaluation

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

Patient name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_yrs Sex: M F NM FS

Pet owner's name: \_\_\_\_\_

### Patient history (client's report): please check or fill out the following questions

1. On which limb is your pet lame?  Left fore  Right fore
2. Can your pet walk unassisted on the other 3 limbs?  No  Yes
3. Is there lameness on any other limb?  No  Yes  Left hind  Right hind  Left fore  Right fore
4. How many days ago did the fracture occur? \_\_\_\_\_
5. Is there an open wound on the limb with the fracture?  No  Yes.  
State location: \_\_\_\_\_
6. Severity of lameness at home?  Mild  Moderate  Severe  Nonweight-bearing
7. Does the pet cry out in pain?  No  Yes If yes state when and how often: \_\_\_\_\_
8. Was there an injury that caused the fracture?  No  Yes Describe injury: -  
\_\_\_\_\_
9. Is there any swelling of the affected limb?  No  Yes
10. Does the pet walk like he/she is drunk?  No  Yes
11. Is the fractured limb sensitive or painful to touch?  No  Yes
12. Has your pet been urinating normally?  No  Yes
13. Has your been having breathing difficulty or increased respiratory rate?  No  Yes
14. Vaccinations completed within the past 12 months?  Yes  No
15. Is the pet current on Heartworm test and prevention?  Yes  No
16. Does the pet receive any flea and/or tick medication?  Yes  No
17. Do you give your pet nutritional supplements?  Yes  No  
List: \_\_\_\_\_
18. Has your pet received aspirin with the past week?  No  Yes
19. Has your pet received any nonsteroidal anti-inflammatory (NSAID) medication (i.e. Rimadyl, Carprofen, Metacam, Previcox, Deramaxx)?  No  Yes  
List: \_\_\_\_\_
20. If given, how much did the NSAID improve the lameness?  Not applicable  0%  
 25%  50%  75%  100%
21. Other medications that your pet is receiving? \_\_\_\_\_
22. How is your pet's appetite?  Normal  Decreased
23. Has your pet's weight changed in the last 2 months?  No  Increased  Decreased  
Amount of weight change: \_\_\_\_\_ lbs
24. Does your pet have a skin rash?  No  Yes
25. Has your pet anesthetized previously?  No  Yes
26. Were there any problems during anesthesia previously?  No  Yes  Not applicable  
Describe: \_\_\_\_\_
27. Has your pet ever been outside of Michigan in his/her lifetime?  No  Yes Location: \_\_\_\_\_

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To be completed by veterinary staff

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Mucous membrane color: \_\_\_\_\_

Body weight: \_\_\_\_\_ pounds

Resp: \_\_\_\_\_ Capillary refill time: \_\_\_\_\_ seconds Body score: \_\_\_\_\_/9

Exam findings: