Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Taking A Medical History

***Directions:*** *You will work in teams of 2 to complete this assignment. One of you will take the role of the vet assistant and the other as the animal owner.*

*1-The animal owner will hold the “Clinical Situation” card. The ‘vet assistant’ should ask questions to the ‘animal owner’ to completely fill out the animal record.*

*2- You will be role playing as if the client is coming into the vet clinic with their animal for the first time. You will be setting up the client’s and patient’s records, getting information on it’s medical history, and recording the purpose of the visit.*

*3- Once all of the information is received and recorded switch roles.*

***Example:***

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Name:Gracie Jo Hart | Phone #435-234-5678 | Address: 435 W 1000 SHyrum, UT, 84319 | Pet’s Name:“Roxie” |
| Species: K-9 | Breed: Dachshund | Color: blk/tan | DOB: 10/15/2007 | Sex: FS |
|  |
| Date: | Weight | Notes: |
| 1/14/2012 | 12 lbs | *Limping on front left paw. Roxie is due for her yearly vaccinations in July. She*  |
|  |  | *Started limping 2 days ago when she jumped off a bed. She is putting some weight* |
|  |  | *On her leg, but walks 3-legged most of the time.* |
|  |  |  |
|  |  |  |

***Clinical Situation #1:***

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Name: | Phone # | Address:  | Pet’s Name: |
| Species:  | Breed:  | Color:  | DOB:  | Sex:  |
|  |
| Date: | Weight | Notes: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Clinical Situation #2:***

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Name: | Phone # | Address:  | Pet’s Name: |
| Species:  | Breed:  | Color:  | DOB:  | Sex:  |
|  |
| Date: | Weight | Notes: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*\*\*Rotate cards & get a new partner\*\**

***Clinical Situation #3:***

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Name: | Phone # | Address:  | Pet’s Name: |
| Species:  | Breed:  | Color:  | DOB:  | Sex:  |
|  |
| Date: | Weight | Notes: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Clinical Situation #4:***

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Name: | Phone # | Address:  | Pet’s Name: |
| Species:  | Breed:  | Color:  | DOB:  | Sex:  |
|  |
| Date: | Weight | Notes: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |