INTRODUCTION

Welcome to my world of Integrative Medicine, the melding of Conventional Modern Medicine and Traditional Chinese Medicine. You are about to fill out a medical history that far surpasses your past experiences. Some of these questions will be straight forward, and some will be “weird”, to say the least. In Traditional Chinese Medicine, clues to the body’s health are everywhere, we just have to ask the correct questions.

Please fill out this very long questionnaire to the best of your ability. Past clients have found it best to read the questionnaire, fill out the more mundane points, and observe the pet for a couple of days to answer the more “obscure” questions. The more detailed and accurate your answers, the more accurate the diagnosis, and the more effective the treatment.

PLEASE FILL OUT EACH SECTION COMPLETELY

OWNER INFORMATION

Last Name: ___________________________ First Name: ___________________________
Mailing Address: ___________________________ ☐ Home ☐ Work
Primary Phone (include area code): ___________________________ ☐ Home ☐ Cell ☐ Work
Secondary Phone (include area code): ___________________________ ☐ Home ☐ Cell ☐ Work
Email Address: ___________________________
What is the best way to contact you? ☐ Phone ☐ Email ☐ Both
May we text you? ☐ Yes ☐ No
How did you learn about our clinic? Check all that apply
☐ Website ☐ Internet Search ☐ Referral
☐ Magazine ☐ Newspaper ☐ Phonebook
If by referral, please list the name of the individual ___________________________

MEDICAL HISTORY FORM

Patient Name: ___________________________ Patient Sex: ☐ Male ☐ Female
Species: ☐ Canine ☐ Feline ☐ M Castrated ☐ F Spayed
☐ Other:
Patient Breed: ___________________________ Last Known Weight: ___________________________
How old is your pet? __________ DOB: __________ How old was pet when arrived at your home? __________
Where did you obtain your pet? ___________________________
Was your pet healthy at the time of adoption? ☐ Yes ☐ No If not, please explain: ___________________________

When was your pet’s last Distemper combination vaccination? ___________________________ ☐ Don’t remember
When was your pet’s last Rabies vaccination? ___________________________ ☐ Don’t remember
When was your pet last dewormed? ___________________________ ☐ Don’t remember
When was your pet last given Heartworm preventative? ___________________________ ☐ Not on HW Preventative
When was your pet last tested for Heartworms? ___________________________ ☐ Never tested ☐ Don’t remember
Is your pet on any regular flea and tick control? ☐ Yes, Using: ___________________________ ☐ No
Has your pet lived in this area all its life? ☐ Yes ☐ No
If no, when did you move to this area? ___________________________ Where did your pet live before? ___________________________
ENVIRONMENT AND LIVING SITUATION

Dog:
□ Predominantly indoors  □ Outdoors while at work, indoors when home  □ 100% outdoors
□ Has a dog door  □ Predominantly outdoors, indoors occasionally

Cat:
□ 100% indoors  □ Predominantly indoors, outdoors occasionally – always supervised.
□ 100% outdoors  □ Predominantly indoors, outdoors occasionally – not supervised.
□ Has a cat door  □ Predominantly outdoors, indoors occasionally.

□ Enclosed yard.  □ Non - enclosed yard.  □ Frequent “visitors” to yard
□ No “visitors” to yard  □ Visitors – other cats, dogs, wild critters

□ In city limits  □ Outside city limits – next to desert  □ Outside city limits – next to farms or orchards
□ Yard and surrounding neighbors have desert type landscaping (helpful info for skin infections)  □ Yard and surrounding neighbors have a lot of growing plants, flowering plants, and grass

□ Only pet in the household  □ Shares home with other pets
□ No. of Dogs _____  No. of Cats _____

□ Gets along with all household pets  □ Mild problem(s) with household pets
□ Gets along with all pets outside of household  □ Mild problem(s) with pets outside of household pets
□ Severe problem(s) with household pets  □ Severe problem(s) with pets outside of household pets

Describe problem(s): __________________________________________________________
__________________________________________________________________________

□ There have been no changes in the number of pets in the household in the past year.
□ Pets were added to the household within the past:
□  2 months  □  6 months  □  12 months
□ There were no issues with the addition of the new pet(s)  □ Yes, there were issues with the addition of the new pet(s).

Please Describe the issues: ____________________________________________________
__________________________________________________________________________

□ Pet(s) were lost to the household within the past
□  2 months  □  6 months  □  12 months
□ My pet was not affected by the loss.  □ My pet was affected by the loss.

Please Describe your pet’s changed behavior: ______________________________________
__________________________________________________________________________
__________________________________________________________________________
Mental Status and Vocalization (Check all that apply)

Recently and overall, my pet's attitude toward life, family, and surroundings have been:

- [ ] Normal
- [ ] Slightly less than normal
- [ ] Abnormal, subdued
- [ ] Abnormal, hyperactive
- [ ] Attitude is progressively getting worse
- [ ] Attitude, although abnormal, has improved recently

Compared to six months to a year ago, my pet's attitude is

- [ ] Normal then, normal now
- [ ] Slightly worse
- [ ] Better
- [ ] Significantly worse

I realize that for those of you who work between 8 AM and 6 PM, it is difficult to answer some of the questions with specific times. Rely on your observations during your days off and on weekends. Unless there is a lot going on in the household, most pets will stick to their same schedules of behavior, even if it is a weekend. We all know about the dog/cat who wants to eat at 6:00 AM, even if it is a Saturday or Sunday. Check all that apply to your pet.

- [ ] Whining
- [ ] Yelping
- [ ] Groaning
- [ ] Grunting
- [ ] Howling
- [ ] Growling
- [ ] Snapping/Snarling
- [ ] Hissing
- [ ] Meowing more than normal
- [ ] Vocalizing with different sounds that are not normal for him/her

If pet is vocalizing- Is there a specific time of day/night that it occurs?

- [ ] Occasionally irritated and pins ears back
- [ ] Seeks more attention
- [ ] Hiding
- [ ] Pet has withdrawn from social interaction with family members or other animals
- [ ] Pet initiates play
- [ ] Pet plays, but does not initiate play
- [ ] Pet plays, but must be coaxed to play
- [ ] Pet has stopped playing since
- [ ] Pet has never been one to play.
- [ ] Pet appears occasionally confused
- [ ] Frequently confused
- [ ] Always Confused
- [ ] Confused - 6:00 AM-12:00 PM
- [ ] Confused - 12:00 PM-5:00 PM
- [ ] Confused - 5:00 PM-10:00 PM
- [ ] Confused primarily 10 PM-5:00 AM
- [ ] Confused any time of the day, not related to specific time of day or night

Choose the one that BEST FITS your pet

- [ ] Pet is more happy or active 6:00AM-12:00PM
- [ ] Pet is more happy or active between 12:00PM-6:00PM
- [ ] Pet is more happy or active 6:00PM-10:00PM
- [ ] Pet is more happy or active after 10:00PM-6:00AM
- [ ] Pet goes to the wrong side of the door
- [ ] Pet stops, stares with no focus
- [ ] Pet goes to another room and vocalizes
- [ ] Pet gets stuck in corners
- [ ] Pet recently refuses to go outside
- [ ] Pet recently refuses to go to an area of house
- [ ] Pet startles easily, but has always done so
- [ ] Pet startles easily, was never a problem before
- [ ] Pet has decreased enthusiasm for favorite toys, people, or activities
- [ ] Pet is easily stressed, has always been this way
- [ ] Pet is easily stressed, this is recent behavior
- [ ] Pet never gets stressed
- [ ] Pet will snap/bite/scratch frequently, and has always been this way
- [ ] Pet will snap/bite/scratch, but this is recent behavior
- [ ] Pet has never attempted to snap/bite/scratch
- [ ] Pet is normally aggressive, but is now docile, laid back

- [ ] Cat is grooming less
- [ ] Cat is grooming more
- [ ] Cat no longer grooms

- [ ] Scratching/Licking/biting one or more areas obsessively

Comments:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Facial Expression (Check all that apply)

- [ ] Glazed, wide eyed
- [ ] Sleepy
- [ ] Squints
- [ ] Enlarged pupils
- [ ] Grimaces
- [ ] Vacant stare
- [ ] Flattened Ears
Rest and Activity Level (Check all that apply)

- Pet is normal in activity
- Pet is less active
- Pet is more active than normal, hyperactive
- Yes, restless/pacing on and off throughout the day, no particular time of day
- Yes, restless/pacing between 6:00AM to 12:00PM
- Yes, restless/pacing mostly 6:00PM to 10:00PM
- Yes, restless/pacing mostly after 10:00PM to 6:00AM
- Repeatedly gets up and down
- Appears unable to get comfortable
- When pet lays down, pet goes down smoothly, back then front
- Pet is reluctant to lay down
- When pet lays down, pet goes down smoothly, front then back
- Pet takes less than 5 seconds to get up
- Pet takes 5 to 30 seconds to get up
- Pet takes 30 seconds to a minute to get up
- Pet takes greater than a minute to get up
- When pet gets up, pet gets up smoothly, using all four legs at the same time
- When pet gets up, pet pushes up with front legs, then pushes up with back legs
- When pet gets up, pet pushes up with back legs, then pushes up with front legs
- Actively chooses warm areas
- Actively chooses cool areas
- No temperature preferences
- Chooses soft surfaces over hard
- Chooses hard surfaces over soft
- No preference
- Prefers to sleep with family members
- Prefers to sleep alone
- Normally sleeps in a crate
- Sleeps restfully through the night
- Wakes frequently through the night
- Paces frequently through the night
- Wakes consistently at
- Vocalizes in the middle of the night
- Vocalizes while sleeping
- Jerks while sleeping
- Is sleeping more
- Is sleeping less
- Pet’s sleeping position has changed, now sleeps
- Will sleep only on one side or another*
- Usually sleeps curled in a ball
- Usually lays with all four feet curled underneath*
- Avoids stretching*
- Has difficulty stretching*
- Reluctant to sharpen claws*
- Sleeps in abnormal places for him/her*

Comments: ____________________________________________________________

Posture, Gait, and Movement (Check all that apply)

- Pet is NOT having any issues with walking or movement
- Pet IS having issues when walking
- Stands with straight back, head up, tail up
- Stands with arched back, "humped" back
- Stands with sway back (back sags in the center)
- Reluctant to move*, when does move, is normal
- Reluctant to move, when does move, is stiff or moves slowly
- Trembles or shakes both front and rear legs
- Trembles or shakes front only
- Trembles or shakes rear only
- Obvious limp
- Front right
- Front left
- Rear right
- Rear left
- Has difficulty squatting when urinating or defecating*
- Has difficulty getting up
- Has difficulty laying down
- Has difficulty getting up and laying down
- Less eager or able to jump on furniture, bed, into car
- Avoilds or has difficulty with stairs
- Difficulty walking or running, especially on wood and tile floors
- Stiffness is worse in the morning hours
- Stiffness is worse in the evening hours
- Stiffness is better after movement
- Stiffness is worse after rest
- Stiffness occurs after rest AND after movement
- Pet walks in straight line
- Pet walks and drifts left
- Pet walks and drifts right
- Pet walks in straight line
- Pet walks and drifts left
- Pet walks and drifts right
- When pet walks, rear legs seem "wobbly"
- Pet stumbles on front legs
- Pet stumbles on rear legs
- Owner can hear nails/foot dragging
- Pet walks with head/nose down

Comments: ____________________________________________________________

______________________________________________________________

______________________________________________________________
Exercise (Check all that apply)

☐ My pet walks every day
☐ My pet walks at least two to three times a week
☐ My pet walks occasionally, once every week to two weeks.
☐ My pet’s exercise is limited to the yard.
☐ My pet goes to the dog park ☐ If Yes, how often?
☐ My pet does not go for walks, but exercises by:
☐ My pet cannot exercise, because of his/her health issues.
☐ My pet does not have the stamina that it used to ☐ If Yes, describe: ________________________________

Comments: _______________________________________________________________

Urination (Check all that apply)

Please take the time to observe your pet’s behavior regarding urination and defecation for the next few days, then answer these questions.

☐ Urination habits have not changed ☐ Urination habits have changed ☐ Pet is urinating more frequently
☐ Pet is urinating less frequently ☐ Urine amount has increased ☐ Urine amount has decreased
☐ Urinates frequently, small amounts ☐ Urinates frequently, large amounts
☐ Urinates infrequently, small amounts ☐ Urinates infrequently, large amounts
☐ Pet strains to urinate ☐ Pet struggles to squat when urinating ☐ Pet no longer squats to urinate
☐ Pet no longer lifts leg to urinate ☐ Pet loses balance when urinating ☐ Urine is dark
☐ Urine is pale or clear ☐ Urine has strong odor ☐ Urine has no odor

Defecation (Check all that apply)

☐ Defecation habits have not changed ☐ Defecation habits have changed ☐ Pet is urinating more frequently
☐ Stools, normal and tubular ☐ Stools are soft, but tubular ☐ Stools are hard and pebble like
☐ Stools are thin and pencil like ☐ Stools are loose, like a cow manure ☐ Stools are loose, like water
☐ Pet strains to defecate ☐ Pet has difficulty squatting when defecating
☐ Stools have stronger than normal odor
   Stool color is: ☐ Brown ☐ Red brown ☐ Yellow brown ☐ Dark, black brown
☐ Stools have not changed in color
☐ Stools have changed in color – was usually ___________________ now ___________________

Regarding the frequency of soft stools or diarrhea
☐ Pet rarely has loose or soft stools ☐ Pet has intermittent bouts of loose to soft stools

How Often?
☐ Daily ☐ Weekly ☐ Every two weeks ☐ Every month ☐ Every 2-3 months ☐ Every 6 months

What Time of Day?
☐ Unknown ☐ After eating ☐ Mornings ☐ Evenings ☐ Late Night ☐ Anytime

☐ Intestines gurgle frequently ☐ Pet passes a lot of gas ☐ Gas has strong odor ☐ Gas has little odor
☐ Pet hiccups frequently ☐ Pet burps frequently
Vomiting (Check all that apply)

- [ ] Pet has not vomited
- [ ] Pet rarely vomits
- [ ] Intermittent Vomiting

How Often?
- [ ] Daily
- [ ] Weekly
- [ ] Every two weeks
- [ ] Every month
- [ ] Every 2-3 months
- [ ] Every 6 months

What Time of Day?
- [ ] Unknown
- [ ] After eating
- [ ] Mornings
- [ ] Evenings
- [ ] Late Night
- [ ] Anytime
- [ ] Vomits after coughing or gagging
- [ ] Abdomen moves when vomiting
- [ ] Vomits with no abdominal movement

Contents of vomit:
- [ ] Hair only
- [ ] Hair and other stuff
- [ ] White/Clear fluid
- [ ] Yellow fluid
- [ ] Undigested food, kibble still formed
- [ ] Fresh red blood present
- [ ] Black coffee grounds appearance

Comments: ____________________________________________

Respiration (Check all that apply)

- [ ] Pet does not appear to have breathing issues
- [ ] Pet has breathing issues
- [ ] Pet has a hard time breathing
- [ ] Pet has a hard time breathing after exercise
- [ ] Pants after/during exercise
- [ ] Pants when temperature is hot
- [ ] Pants off and on during the day, (other dogs do not pant)

Pants predominantly:
- [ ] In the morning
- [ ] In the evening
- [ ] At night

- [ ] My pet breathes loudly
- [ ] especially breathing in
- [ ] especially breathing out
- [ ] Both in and out
- [ ] I can hear my pet wheeze
- [ ] Low pitch wheeze
- [ ] High pitched wheeze

- [ ] Pet coughs frequently
- [ ] only in the morning
- [ ] only in the evening
- [ ] only after exercise
- [ ] only when pulling on leash

- [ ] Pet coughs then gags
- [ ] Pet gags then coughs
- [ ] Dry cough
- [ ] Wet cough
- [ ] Strong cough
- [ ] Weak cough
- [ ] Loud cough
- [ ] Weak sound to cough

Comments: ____________________________________________

Appetite and Drinking Behavior (Check all that apply)

- [ ] Appetite is normal
- [ ] Appetite has decreased
- [ ] Appetite has increased
- [ ] Pet’s eating habits have changed
- [ ] Pet’s eating habits have not changed
- [ ] Eats food very quickly
- [ ] Takes time to eat food
- [ ] Picks at food and walks away
- [ ] Water consumption is normal
- [ ] Water consumption decreased
- [ ] Water consumption increased
- [ ] Drinks small amounts frequently
- [ ] Drinks small amounts infrequently
- [ ] Drinks large amount frequently
- [ ] Drinks large amounts infrequently

Comments: ____________________________________________
### Diet

- [ ] Pet prefers dry food over canned
- [ ] Pet prefers canned over dry
- [ ] Pet will only eat canned food
- [ ] Pet will only eat dry kibble
- [ ] Pet is fed human food exclusively
- [ ] Pet prefers human food over pet food
- [ ] Pet is finicky with pet food only
- [ ] Pet is finicky with human food AND pet food
- [ ] Pet is fed primarily commercial food with occasional human food
- [ ] Pet is fed 50% commercial food and 50% human food
- [ ] Pet is fed primarily human food with occasional commercial food
- [ ] Pet is fed exclusively human food
- [ ] Pet is fed raw food and occasional commercial food
- [ ] Pet is fed exclusively raw food

### Brand and Frequency Fed

<table>
<thead>
<tr>
<th>Brand</th>
<th>Frequency Fed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry Food #1:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Dry Food #2:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Dry Food #3:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Wet Food #1:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Wet Food #2:</td>
<td>Amount Fed:</td>
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<tr>
<td>Wet Food #3:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Raw Food #1:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Raw Food #2:</td>
<td>Amount Fed:</td>
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<tr>
<td>Raw Food #3:</td>
<td>Amount Fed:</td>
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<tr>
<td>Treats #1:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Treats #2:</td>
<td>Amount Fed:</td>
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<tr>
<td>Treats #3:</td>
<td>Amount Fed:</td>
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<tr>
<td>Meat #1:</td>
<td>Amount Fed:</td>
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<tr>
<td>Meat #2:</td>
<td>Amount Fed:</td>
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<tr>
<td>Meat #3:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Veg/Fruit #1:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Veg/Fruit #2:</td>
<td>Amount Fed:</td>
</tr>
<tr>
<td>Veg/Fruit #3:</td>
<td>Amount Fed:</td>
</tr>
</tbody>
</table>

Is there anything else that you feed that is not covered above?

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If you feed only table food, do you supplement with vitamins or minerals? If so, list brand.

- [ ] Yes Brand: __________________________________________ No

If you feed a raw diet of your own making, do you follow any guidelines. If so, please list source.

- [ ] Yes Source: __________________________________________ No

If your feed your pet exclusively table food or raw food, do you want guidance on how to feed your pet this type of diet?

- [ ] Yes

Note: Additional Fees Apply

Are you interested in Food Therapy for your pet?

- [ ] Yes
INHERENT CONSTITUTIONS

In Traditional Chinese Medicine (TCM), individuals can be categorized to fit into one or two particular elements. The state an individual’s health can be influenced by their “inherent” elemental status.

Please check all that apply.

<table>
<thead>
<tr>
<th>Confident</th>
<th>Easily irritated</th>
<th>Athletic</th>
<th>Assertive</th>
<th>Impatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha</td>
<td>Goal oriented</td>
<td>Takes the Lead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snaps or growls when pushed</td>
<td>Has occasional issues with other pets in household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will bite strangers, rather than hide from strangers</td>
<td>Confident</td>
<td>Strong</td>
<td>Impulsive</td>
<td></td>
</tr>
<tr>
<td>Barks or Meows for attention</td>
<td>Persistently demands to be the center of attention</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>“Drama” Queen/King</td>
<td>Easily Excited</td>
<td>Hyperactive</td>
<td>Noisy</td>
<td>Vocalizes for attention</td>
</tr>
<tr>
<td>Has difficulty focusing on commands</td>
<td>Very friendly and pushy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No one is a stranger</td>
<td>Is able to get other pets agitated, excited, or motivated</td>
<td>Lively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observant, to the point of being hypervigilant</td>
<td>Who cares if there is company, because it’s all about me</td>
<td></td>
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<tr>
<td>Wants attention, but does not demand attention</td>
<td>Enjoys relaxing and laying around</td>
<td>Worrier</td>
<td></td>
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<tr>
<td>Gets along with all the pets in the household</td>
<td>More of a follower, than leader</td>
<td>Eager to please</td>
<td></td>
<td></td>
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<tr>
<td>Does not care if there are changes in household or routine</td>
<td>Feels better with company</td>
<td>Motherly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aloof, can do without attention</td>
<td>Loner, can be found separated from dog pack</td>
<td>Quiet</td>
<td></td>
<td></td>
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<tr>
<td>Disciplined attitude</td>
<td>Likes/prefers set routines and rules</td>
<td>Very easy to train and learn commands</td>
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<tr>
<td>Obsessive about toys or games</td>
<td>Does not adapt to changes in routine</td>
<td>Observant, often from the sidelines</td>
<td></td>
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<tr>
<td>Likes to make sure everyone is where they should be</td>
<td>Looks forward to the next command</td>
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<tr>
<td>Appears to not care, but knows when someone or something happens</td>
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<tr>
<td>Will hide from strangers, before biting strangers</td>
<td>Quiet, to the point would not know dog is in room</td>
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<tr>
<td>Thinks a lot</td>
<td>Although likes company, very comfortable being alone</td>
<td>Careful</td>
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<tr>
<td>Curious</td>
<td>Self-contained</td>
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<tr>
<td>Will follow commands easily, but once done, not looking to do more than necessary</td>
<td>Slow, but consistent</td>
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</tbody>
</table>

Which of the following jobs or careers can see your pet doing? (This helps to determine your pet’s inherent personality)

| General in the army | Theater/Politician | Nurse/Doctor | Accountant | Musician |
| Social Worker | Construction Worker | Judge | Philosopher | Pharmacist |
| Diplomat | Pioneer | Computer “geek” |

Comments

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PAST HEALTH ISSUES (Check all that apply)

From the TCM perspective, past illnesses can give us clues to the individual’s Elemental status and the “root” of the body’s imbalance. Looking back over your pet’s life, please check all that apply.

- Compulsive Behavior
- Anxiety
- Heart Disease
- Tongue
- Insomnia
- Restlessness
- Bleeding issues
- Liver Problems
- Tendons
- Eye
- Hair coat
- Nails
- Seizures
- Vision
- Anal Gland
- Foot Pad
- Ear issues
- Aggression
- Intermittent Vomiting
- Intermittent Diarrhea
- Muscle weakness/spasm
- Muscle atrophy
- Chronic or Acute Weight Loss
- Decreased appetite
- Spleen
- Obesity
- Dermatitis/Hot Spots
- Fecal Incontinence
- Constipation
- Gingivitis
- Overeats
- Fatty tumors, warts
- Nose problems
- Respiratory Issues
- Allergies
- Change in voice
- Dry Skin
- Hip Dysplasia < 1 year old
- Joint problems < 1 year old
- Bone problems < 1 year old
- Rear end weakness
- Early age Dental Disease
- Disturbed growth
- Urinary Issues
- Reproductive Issues

Record of Health Issues

Regarding your patient’s health problems. From the holistic point of view, past health problems are related to current health problems. This makes it important to always look at past medical issues.

Please list in chronological order the major health issues that your pet has had over his/her lifetime.

Major health issues include any medical issue that prompted you to seek veterinary help and/or any health issue that has become chronic or repeatable. For example, intermittent ear infections, intermittent diarrhea.

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>When</th>
<th>Resolved/Ongoing Issue</th>
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<tbody>
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Primary REASONS for the Eastern consultation
If there is more than one health concern at this time, please list them in order of DECREASING importance to you.

#1
#2
#3
#4
#5
**ANSWER THESE QUESTIONS IF YOUR PET HAS PAIN RELATED MEDICAL ISSUES**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Where was the pain first noticed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the pain first noticed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the level of pain when it FIRST observed?</td>
<td>0, 1, 2, 3, 4, 5</td>
<td></td>
</tr>
<tr>
<td>Did the pain spread to other parts of the body?</td>
<td>Yes, No</td>
<td></td>
</tr>
<tr>
<td>If so, please describe the progression.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the current level of pain?</td>
<td>0, 1, 2, 3, 4, 5</td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My pet appears to be in pain all the time.</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>My pet’s pain appears to come and go.</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>The pain worsens with rest.</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>The pain is worse after exercise.</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>Is the level of pain different in the mornings as compared to the evenings?</td>
<td>Yes, No</td>
<td>If so, describe:</td>
</tr>
<tr>
<td>Does the level of pain appear different on different days?</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>Does the level of pain change with damp weather?</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>Does the level of pain change with cold weather?</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>Does the level of pain change with hot weather?</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>Does your pet like you to massage the area of pain?</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>Does your pet dislike you touching the area of pain?</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>Does your pet yelp suddenly for no reason?</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>Any swelling in the area of pain?</td>
<td>Yes, No</td>
<td>Describe:</td>
</tr>
<tr>
<td>In the area of pain, is there heat or cold?</td>
<td>Heat, Cold</td>
<td>Describe:</td>
</tr>
<tr>
<td>Are there any other observations that you would like to share?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
List in CHRONOLOGICAL order ALL pain medication/supplements, past and current. Did the medication/supplement help reduce your pet’s discomfort?

<table>
<thead>
<tr>
<th>Name of Medication/Supplement</th>
<th>Effect of Medication/Supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 __________________________</td>
<td>☐ Eliminated pain ☐ Slightly better ☐ Moderately better ☐ No Change</td>
</tr>
<tr>
<td>#2 __________________________</td>
<td>☐ Eliminated pain ☐ Slightly better ☐ Moderately better ☐ No Change</td>
</tr>
<tr>
<td>#3 __________________________</td>
<td>☐ Eliminated pain ☐ Slightly better ☐ Moderately better ☐ No Change</td>
</tr>
<tr>
<td>#4 __________________________</td>
<td>☐ Eliminated pain ☐ Slightly better ☐ Moderately better ☐ No Change</td>
</tr>
<tr>
<td>#5 __________________________</td>
<td>☐ Eliminated pain ☐ Slightly better ☐ Moderately better ☐ No Change</td>
</tr>
<tr>
<td>#6 __________________________</td>
<td>☐ Eliminated pain ☐ Slightly better ☐ Moderately better ☐ No Change</td>
</tr>
<tr>
<td>#7 __________________________</td>
<td>☐ Eliminated pain ☐ Slightly better ☐ Moderately better ☐ No Change</td>
</tr>
<tr>
<td>#8 __________________________</td>
<td>☐ Eliminated pain ☐ Slightly better ☐ Moderately better ☐ No Change</td>
</tr>
</tbody>
</table>

Please list all diagnostic tests related to your pet’s painful condition.

<table>
<thead>
<tr>
<th>TEST</th>
<th>RESULTS REPORTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>i.e. x-rays</td>
</tr>
<tr>
<td>#2</td>
<td></td>
</tr>
<tr>
<td>#3</td>
<td></td>
</tr>
<tr>
<td>#4</td>
<td></td>
</tr>
<tr>
<td>#5</td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL CONDITIONS UNRELATED TO PAIN.

Condition # 1
When did it start? __________________________
Describe the progression of the medical condition. If the problem spread to other parts of the body, please explain in chronological order.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
List any diagnostic tests that were done and the results.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
List all medications and treatments in chronological order. Indicate whether or not the treatment or medication helped.

________________________________________________________________________
________________________________________________________________________
Condition # 2
When did it start? ________________________________

Describe the progression of the medical condition. If the problem spread to other parts of the body, please explain in chronological order.

____________________________________________________________________________________

List any diagnostic tests that were done and the results.

____________________________________________________________________________________

List all medications and treatments in chronological order. Indicate whether or not the treatment or medication helped.

____________________________________________________________________________________

Condition # 3
When did it start? ________________________________

Describe the progression of the medical condition. If the problem spread to other parts of the body, please explain in chronological order.

____________________________________________________________________________________

List any diagnostic tests that were done and the results.

____________________________________________________________________________________

List all medications and treatments in chronological order. Indicate whether or not the treatment or medication helped.

____________________________________________________________________________________
PLEASE LIST ALL CURRENT MEDICATIONS, DIETARY SUPPLEMENTS, NUTRICEUTICALS, HERBS

1) Due to the lack of regulation and sadly, the profit made, there are a multitude of dietary supplements sold over the counter to the public. Evaluate your pet’s supplemetations requires investing considerable amount of time. However, there are supplements that are definitely harmful to your pet, hence the reason for listing all your supplements below.

2) You can request to have your current supplements evaluated, for an additional fee.

3) Based on her physical exam and findings, Dr. Craig will make recommendations of dietary supplements and herbs that she has found to be true to formulation, safe, and helpful for your pet’s medical condition(s).

<table>
<thead>
<tr>
<th>Name/Dosage</th>
<th>Frequency (Note: prn means as needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.e. Rimadyl 50 mg</td>
<td>☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 1x/wk ☐ 1x/2wk ☐ 1x/mon ☐ prn</td>
</tr>
<tr>
<td></td>
<td>☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 1x/wk ☐ 1x/2wk ☐ 1x/mon ☐ prn</td>
</tr>
<tr>
<td></td>
<td>☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 1x/wk ☐ 1x/2wk ☐ 1x/mon ☐ prn</td>
</tr>
<tr>
<td></td>
<td>☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 1x/wk ☐ 1x/2wk ☐ 1x/mon ☐ prn</td>
</tr>
<tr>
<td></td>
<td>☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 1x/wk ☐ 1x/2wk ☐ 1x/mon ☐ prn</td>
</tr>
<tr>
<td></td>
<td>☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 1x/wk ☐ 1x/2wk ☐ 1x/mon ☐ prn</td>
</tr>
<tr>
<td></td>
<td>☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 1x/wk ☐ 1x/2wk ☐ 1x/mon ☐ prn</td>
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<td></td>
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<td>☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 1x/wk ☐ 1x/2wk ☐ 1x/mon ☐ prn</td>
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<tr>
<td></td>
<td>☐ 1x/day ☐ 2x/day ☐ 3x/day ☐ 1x/wk ☐ 1x/2wk ☐ 1x/mon ☐ prn</td>
</tr>
</tbody>
</table>

EXPECTATIONS: What are your expectations from the acupuncture treatments?