

## 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     Severe 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 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 tries to play, then stops     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 between 12:00PM to 6:00PM
- Yes, restless/pacing mostly 6 :00 PM to 10:00 PM     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 abruptly     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 straight back, head down, tail tucked
- 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
- Avoids 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
- 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     off and on all day  
 only in the evening     only in the night  
 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

- Cough does not seem to bother pet     Cough does bother pet

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

	Brand			Frequency Fed			
Dry Food # 1:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Dry Food # 2:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Dry Food # 3:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Wet Food #1:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Wet Food #2:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Wet Food #3:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Raw Food #1:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Raw Food #2:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Raw Food #3:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Treats #1:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Treats #2:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Treats #3:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Meat #1:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Meat #2:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Meat #3:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Veg/Fruit #1:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Veg/Fruit #2:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	
Veg/Fruit #3:	_____	Amount Fed: _____	<input type="checkbox"/> Ad Lib	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day	

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

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<p>If you feed only table food, do you supplement with vitamins or minerals? If so, list brand.</p>	<input type="checkbox"/> Yes      Brand: _____ <input type="checkbox"/> No
<p>If you feed a raw diet of your own making, do you follow any guidelines. If so, please list source.</p>	<input type="checkbox"/> Yes      Source: _____ <input type="checkbox"/> No
<p>If you feed your pet exclusively table food or raw food, do you want guidance on how to feed your pet this type of diet?</p>	<input type="checkbox"/> Yes
<p>Note: Additional Fees Apply      Check here if interested</p> <p>Are you interested in Food Therapy for your pet?</p>	<input type="checkbox"/> Yes
<p>Note: Additional Fees Apply      Check here if interested</p>	

## 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.

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

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.

Medical Condition	When	Resolved/Ongoing Issue

**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**

Where was the pain first noticed? \_\_\_\_\_

When was the pain first noticed? \_\_\_\_\_

What was the level of pain when it FIRST observed?     0     1     2     3     4     5  
(0 = no pain at all and 5 = worst pain possible)

Did the pain spread to other parts of the body?     Yes     No

If so, please describe the progression.

\_\_\_\_\_  
\_\_\_\_\_

What is the current level of pain?     0     1     2     3     4     5

Comment: \_\_\_\_\_

My pet appears to be in pain all the time.     Yes     No    Describe: \_\_\_\_\_

My pet's pain appears to come and go.     Yes     No    Describe: \_\_\_\_\_

The pain worsens with rest.     Yes     No    Describe: \_\_\_\_\_

The pain is worse after exercise.     Yes     No    Describe: \_\_\_\_\_

Is the level of pain different in the mornings as compared to the evenings?     Yes     No    If so, describe: \_\_\_\_\_

Does the level of pain appear different on different days?     Yes     No    Describe: \_\_\_\_\_

Does the level of pain change with damp weather?     Yes     No    Describe: \_\_\_\_\_

Does the level of pain change with cold weather?     Yes     No    Describe: \_\_\_\_\_

Does the level of pain change with hot weather?     Yes     No    Describe: \_\_\_\_\_

Does your pet like you to massage the area of pain?     Yes     No    Describe: \_\_\_\_\_

Does your pet dislike you touching the area of pain?     Yes     No    Describe: \_\_\_\_\_

Does your pet yelp suddenly for no reason?     Yes     No    Describe: \_\_\_\_\_

Any swelling in the area of pain?     Yes     No    Describe: \_\_\_\_\_

In the area of pain, is there heat or cold?     Heat     Cold    Describe: \_\_\_\_\_  
If so, please check and describe.

Are there any other observations that you would like to share?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List in **CHRONOLOGICAL** order ALL pain medication/supplements, past and current.  
 Did the medication/supplement help reduce your pet's discomfort?

Name of Medication/Supplement	Effect of Medication/Supplement			
#1 _____	<input type="checkbox"/> Eliminated pain	<input type="checkbox"/> Slightly better	<input type="checkbox"/> Moderately better	<input type="checkbox"/> No Change
#2 _____	<input type="checkbox"/> Eliminated pain	<input type="checkbox"/> Slightly better	<input type="checkbox"/> Moderately better	<input type="checkbox"/> No Change
#3 _____	<input type="checkbox"/> Eliminated pain	<input type="checkbox"/> Slightly better	<input type="checkbox"/> Moderately better	<input type="checkbox"/> No Change
#4 _____	<input type="checkbox"/> Eliminated pain	<input type="checkbox"/> Slightly better	<input type="checkbox"/> Moderately better	<input type="checkbox"/> No Change
#5 _____	<input type="checkbox"/> Eliminated pain	<input type="checkbox"/> Slightly better	<input type="checkbox"/> Moderately better	<input type="checkbox"/> No Change
#6 _____	<input type="checkbox"/> Eliminated pain	<input type="checkbox"/> Slightly better	<input type="checkbox"/> Moderately better	<input type="checkbox"/> No Change
#7 _____	<input type="checkbox"/> Eliminated pain	<input type="checkbox"/> Slightly better	<input type="checkbox"/> Moderately better	<input type="checkbox"/> No Change
#8 _____	<input type="checkbox"/> Eliminated pain	<input type="checkbox"/> Slightly better	<input type="checkbox"/> Moderately better	<input type="checkbox"/> No Change

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

TEST	RESULTS REPORTED
#1 <u>i.e. x-rays</u>	<u>Osteoarthritis</u>
#2 _____	_____
#3 _____	_____
#4 _____	_____
#5 _____	_____

**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.

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List any diagnostic tests that were done and the results.

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

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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.

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List any diagnostic tests that were done and the results.

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

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**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 supplementations 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).

Name/Dosage	Frequency (Note: prn means as needed)													
i.e. Rimadyl 50 mg	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn
	<input type="checkbox"/>	1x/day	<input type="checkbox"/>	2x/day	<input type="checkbox"/>	3x/day	<input type="checkbox"/>	1x/wk	<input type="checkbox"/>	1x/2wk	<input type="checkbox"/>	1x/mon	<input type="checkbox"/>	prn

**EXPECTATIONS: What are your expectations from the acupuncture treatments?**

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