

Acupuncture Patient History - Modified from IVAS form

Date of Appointment:

Patient's Name:

Owner's Last Name:

Owner's First Name:

Patient's Age:

1. What is your patient's main reason for seeking/needing acupuncture?

What is your main goal for this treatment? i.e. pain control, increased mobility, etc

Any other health issues or history of health issues?

2. Has your pet been treated previously for this problem? Yes No

If Yes:

Diagnosis:

Tests and Results:

Treatments and Medications:

Response to Medications and Treatments:

Since your pet's last veterinary visit, are they:

3. Please list to the best of your ability:

Medications/Supplements/Herbs Strength Number of Tablets How Often

Current Diet:

Brand of Food:

How often does your pet eat?

How much does your pet eat?

What is your pet's average activity level?

4. Traditional Chinese Medicine (TCM) history:

Energy and Well-Being:

Energy Level in general:

Energy is Highest:

Attitude/ Mood is best:

My pet is:

My pet is:

My pet prefers:

Sleep:

Dreams:

Where does your pet normally sleep and rest?

Interactions and Relationships:

With other dogs/cats, my pet is:

With other people, my pet is:

With vet care, my pet is:

Mobility:

Mobility level:

Mobility is best:

My pet has a specific area that is weak or lame:

If yes, which area:

With activity, mobility:

Pain

My pet is in pain:

If yes, please complete the following:

How long?

How bad is the pain 10 being the worse:

Is pain in a specific place?

If, yes where?

How is the pain after rest?

How is the pain after exercise?

How does temperature or weather affect the pain?

Pain is better in the:

Overall pain is:

The pain is:

The painful area feels:

Nutrition/Digestion/Urinary:

My pet's appetite is:

My pet:

Vomiting:

If vomiting is a regular occurrence, please describe when it happens and what it looks like

My pet's stools are:

Odor of stool is:

Does your pet have gas?

My pet's thirst is:

My pet's water intake is:

My pet's urination is:

The color of my pet's urine is:

The odor of my pet's urine is:

Skin

My pet has:

Is your pet itchy?

Has your pet's coat changed?

If yes, please describe:

Respiration/ Breathing:

My pets breathing is:

If your pets breathing
has changed please
describe:

My pet's voice/noises
that they make have:

If your pets voice/
noise has changed
please describe:

Is there anything else we should know about your pets health or emotional history?