

Taylor Veterinary Hospital

TCVM PATIENT HISTORY

PATIENT NAME: _____

OWNER NAME: _____

SPECIES: CANINE FELINE

BREED: _____

DOB or AGE: _____

SEX: M / F Altered? Y / N

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

- a. Health Problem(s), describe: _____
- b. General Wellness

II. If your pet was treated previously for this problem, please answer the following questions:

- What diagnostics have been done and what were results? (ex. Bloodwork, X-rays)
- What treatments were utilized?
- Did the pet show any improvement? If so, please describe:
- Since your pet's last veterinary visit, is he/she: the same / better / worse

III. Please list to your best ability:

- CURRENT MEDICATIONS:
- CURRENT HERBS AND/OR SUPPLEMENTS:
- CURRENT DIET:
- CURRENT EXERCISE REGIMEN:

IV. Traditional Chinese Medicine (TCM) history:

(in each section, please answer or circle all that apply)

Energy and Well-Being:

- Energy level in general – normal / reduced / increased
- Energy is highest – morning / afternoon / night / consistent
- Attitude/mood is best – morning / afternoon / evening / night / consistent
- My pet is: Outgoing / Shy / Aggressive
- My pet is: Happy / Content / Restless / Crabby / Depressed
- My pet prefers: to be cool / to be warm / does not have a preference
- Sleep – normal/decreased/increased/restless at night
- Dreams – none/vocalization/running

Mobility

- Mobility level – normal / reduced / increased
- Mobility is best – morning / afternoon / evening / night / consistent
- My pet has a specific area that is weak or lame: yes / no

If "Yes," please circle all that apply:

Front right leg/Front left leg / Back right leg/Back left leg

Pain:

My pet is in pain: Yes / No **If Yes, How long?** _____

If you answered "Yes," please complete the following regarding your pet's pain:

- Pain is ___/10 with 10 being the worst
- Is the pain in a specific area? No / Yes, where?: _____
- Better / worse after rest
- Better /Worse after exercise
- How does weather/temperature affect your pet's pain? _____
- Better in am/better in afternoon/better in evening/no time difference

Nutrition/Digestion/ Urinary:

- Appetite - normal/increased/decreased
- My pet: loves to eat / is not food motivated / is picky
- Vomiting - none / occasional / a couple of times per week / often / other:
 - **If vomiting is a regular occurrence, please describe** when it happens and what it looks like: _____
- Stools - normal / soft/ diarrhea / hard and dry /constipation / incontinent
 - There is blood / mucous in the stool
 - Odor of stool - normal / strong / no odor
 - Does your pet have gas? Yes / No
- Thirst - normal/increased/decreased
- Water intake - Frequent small sips/large amounts at one time/ moderate
- Urine - normal/increased/decreased / Incontinent / Straining/ Vocalizes
 - Color of urine? Normal/clear/dark yellow
 - Odor of urine? Normal/no odor/strong odor

Skin

- My pet has: Brittle nails /dry pads /dry skin with large flakes / dry skin with small flakes
- Is your pet itchy? No / Yes
- **If "Yes"** please circle all that apply: sometimes / during day / at night / all the time
- Has your pet's hair coat changed? No / Yes, describe: _____

Reproduction:

- fertile / infertile / not applicable
- Describe any reproduction problems your pet has had: _____

Respiration/breathing:

- normal / coughs / has had a change in breathing, describe: _____
- My pet's voice or noises that he/she makes are: the same / have changed, describe: _____

Is there anything else we should know about your pet's health or emotional history?