



**TCVM PATIENT HISTORY**

Patient Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

DOB or Age: \_\_\_\_\_ Sex:  Male  Female Altered?  Yes  No

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

- Health Problem(s), describe: \_\_\_\_\_
- General Wellness

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

a. What diagnostics have been done and what were results? (ex. Bloodwork, X-rays): \_\_\_\_\_

\_\_\_\_\_

b. What treatments were utilized? \_\_\_\_\_

\_\_\_\_\_

c. Did the pet show any improvement? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

d. Since your pet's last veterinary visit, is he/she:  The same  Better  Worse

**3. Please list to your best ability:**

a. Current Medications: \_\_\_\_\_

\_\_\_\_\_





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b. Current herbs and/or supplements: \_\_\_\_\_

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

c. Current diet: \_\_\_\_\_

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

d. Current exercise regimen: \_\_\_\_\_

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

**4. Traditional Chinese Medicine (TCM) history: (in each section, please check all that apply)**

**Energy and Well-Being**

- a. Energy level in general:  Normal  Reduced  Increased
- b. Energy is highest:  Morning  Afternoon  Night  Consistent
- c. Attitude/mood is best:  Morning  Afternoon  Evening  Night  Consistent
- d. My pet is:  Outgoing  Shy  Aggressive
- e. My pet is:  Happy  Content  Restless  Crabby  Depressed
- f. My pet prefers:  To be cool  To be warm  Does not have a preference
- g. Sleep:  Normal  Decreased  Increased  Restless at night
- h. Dreams:  None  Vocalization  Running

**Mobility**

- a. Mobility level:  Normal  Reduced  Increased
- b. Mobility is best:  Morning  Afternoon  Evening  Night  Consistent
- c. 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





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**Pain**

a. My pet is in pain:  Yes  No

- If "Yes," how long: \_\_\_\_\_

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

I. Pain is \_\_\_\_/10 with 10 being the worst

II. Is the pain in a specific area?  No  Yes, where: \_\_\_\_\_

III. After rest is it:  Better  Worse

IV. After exercise is it:  Better  Worse

V. How does weather/temperature affect your pet's pain? \_\_\_\_\_

VI. Better in:  Morning  Afternoon  Evening  Night  No time difference

**Nutrition/Digestion/ Urinary:**

a. Appetite:  Normal  Increased  Decreased

b. My pet:  Loves to eat  Is not food motivated  Is picky

c. Vomiting:  None  Occasional  A couple of times per week  Often

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

d. 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

e. Thirst:  Normal  Increased  Decreased

f. Water intake:  Frequent small sips  Large amounts at one time  Moderate

g. Urine  Normal  Increased  Decreased  Incontinent  Straining  Vocalizes

- Color of urine?  Normal  Clear  Dark yellow

- Odor of urine?  Normal  No odor  Strong odor





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**Skin**

- a. My pet has:  Brittle nails  Dry pads  Dry skin with large flakes  Dry skin with small flakes
- b. Is your pet itchy?  Yes  No
  - If "Yes" please circle all that apply:  Sometimes  During day  At night  All the time
- c. Has your pet's hair coat changed?  No  Yes, describe: \_\_\_\_\_

**Reproduction**

- a.  Fertile  Infertile  Not applicable
- b. Describe any reproduction problems your pet has had \_\_\_\_\_

**Respiration/breathing:**

- a.  Normal  Coughs  Has had a change in breathing, describe:  
\_\_\_\_\_  
\_\_\_\_\_
- b. My pet's voice or noises that he/she makes are:  The same  Have changed, describe:  
\_\_\_\_\_  
\_\_\_\_\_

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

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