



Jackson Creek Veterinary Clinic

Traditional Chinese Veterinary Medicine (TCVM) Patient History & Intake Form

Patient Name:

Owner Name:

Species:

Breed:

DOB or Age:

Sex:

Spayed/Neutered?

I. What is your main reason for seeking acupuncture for your pet?

Health issues (please describe):

General wellness

II. If you are seeking acupuncture for a health issue for which your pet has previously received treatment, please answer the following questions:

What diagnostics were done, and what were the results? (i.e., bloodwork, X-rays)

What treatments were done?

Did your pet show any improvement? If so, please describe.

Since your pet's last veterinary visit, is he/she the same, better, or worse?

III. Please list to the best of your ability:

Current medications:

Current herbs and/or supplements:

Current diet:

Current exercise regimen:

IV. **Traditional Chinese Medicine (TCM) History:**

a. **Energy & Well-Being**

Energy level in general:

Energy is highest:

Attitude/mood is best:

My pet's personality is:

My pet's mood is:

My pet's temperature preference is:

Sleep:

Dreams:

b. **Mobility**

My pet's mobility level is:

Mobility is best:

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

If yes, please choose all that apply:

Front right leg

Front left leg

Back right leg

Back left leg

c. **Pain**

Is your pet in pain?

If you answered yes, please answer the following questions:

How long has your pet been in pain?

On a scale of 1-10 with 10 being the worst, how bad is the pain?

Is the pain in a specific area? If yes, where?

Is the pain better or worse after rest?

Is the pain better or worse after exercise?

How does weather/temperature affect your pet's pain?

During the day, the pain is:

d. Nutrition/Digestion/Urinary

My pet's appetite is:

My pet:

Vomiting:

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

Stools:

Is your pet constipated or incontinent?

Is there blood and/or mucous in your pet's stool?

Describe the odor of your pet's stool:

Does your pet have gas?

My pet's thirst is:

My pet drinks:

My pet's urination is:

Does your pet experience urinary incontinence?

Does your pet strain and/or vocalize when urinating?

Describe the color of your pet's urine:

Describe the odor of your pet's urine:

e. Skin

My pet has:

Is your pet itchy?

If yes, is your pet itchy sometimes, only during the day, only at night, or all the time?

Has your pet's hair coat changed?

If yes, please describe the changes you've noticed below.

f. Respiration/Breathing

My pet's breathing is:

If you've noticed changes to your pet's breathing, please describe them below.

Does your pet cough?

My pet's voice or noises that he/she makes are:

If your pet's voice has changed, please describe the difference below.

My pet is tired/exhausted:

g. Reproduction

Describe any reproductive problems your pet has had below, if applicable.

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