

Jackson Creek Veterinary Clinic

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

Patient Name:		Owner Na	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 descri	be):		
	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 improveme	provement? If so, please describe.		
	Since your pet's last veterinary visi	t, is he/she the sa	me, 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?

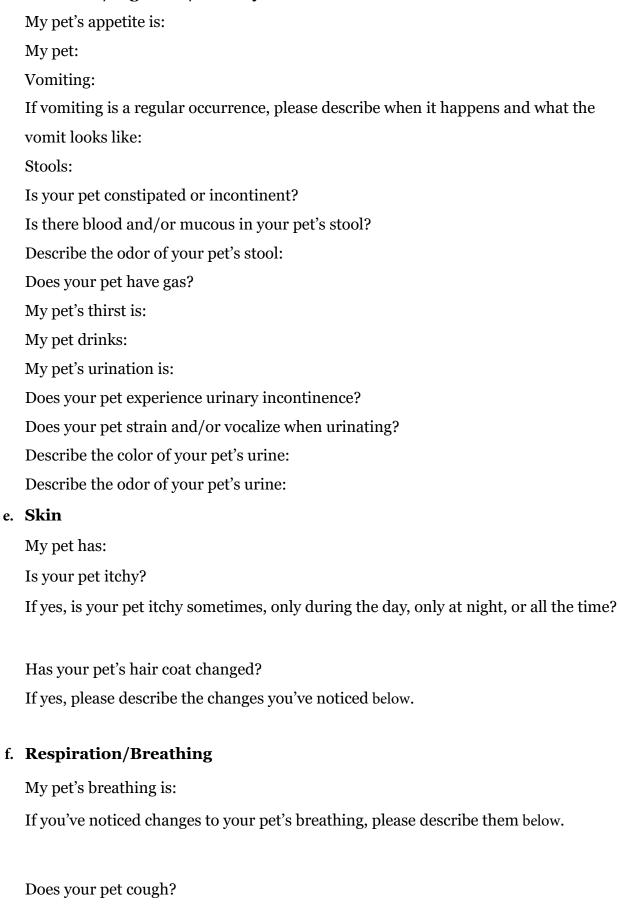
Is the pain better or worse after rest?

Is the pain better or worse after exercise?

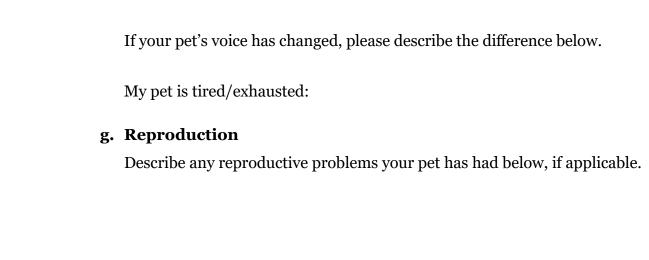
How does weather/temperature affect your pet's pain?

During the day, the pain is:

d. Nutrition/Digestion/Urinary



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



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