

INTRODUCTION

Welcome to the world of Integrative Veterinary Medicine, the combination of Conventional (or Western) Modern Medicine and Traditional Chinese Medicine. You are about to fill out a medical history that far surpasses your past experiences. Some of these questions may be straight forward, and some may be a little “weird”, to say the least. In Traditional Chinese Veterinary Medicine, clues to the body’s health are everywhere; we just have to ask the correct questions.

Please take the time to fill out this very **LONG** questionnaire to the best of your ability. It may be best to read the questionnaire, fill out the easier points and then observe your pet for the next couple of days to answer the more “obscure” questions. The more detailed and accurate your answer, the more accurate the Traditional Chinese Medical diagnosis will be, and therefore the more effective the treatment can be.

		

MEDICAL HISTORY FORM

First Name: _____ Last Name: _____

Patient Name: _____

Primary Care Veterinary Clinic: _____

What are the main reasons you are seeking an Integrative consultation and acupuncture treatment?
If there is more than one health concern at this time, please list them in order of DECREASING importance to you.

What are your expectations / goals with acupuncture treatments?

Were you referred by someone for acupuncture? Yes No

If so, by whom? _____

Have you ever had an acupuncture treatment yourself? Yes No

INHERENT CONSTITUTIONS

In Traditional Chinese Medicine, individuals can be categorized to fit into one or two particular Elements. The state of an individual’s health can be influenced by their “inherent” elemental status. An individual’s inherent constitution influences the animal’s body structure, health, emotions, and when exposed to the same stress factors, individuals of different constitutions will react in a different way, whether it is positively or negatively. When a constitution is in balance, there is harmony and health in the system. When unbalanced, there is disease. Check all that apply below for your pet so we can get a better idea of their inherent constitution.

FIRE

<input type="checkbox"/> Lively / Very Happy	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Vocal / Noisy / Talker	<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Very friendly	<input type="checkbox"/> Restless
<input type="checkbox"/> Loves to be pet	<input type="checkbox"/> Excess Heat
<input type="checkbox"/> Center of attention	<input type="checkbox"/> Rapid heart rate
<input type="checkbox"/> Social butterfly	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Excitable	<input type="checkbox"/> Manic behavior
<input type="checkbox"/> Pushy / Needy	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Opinionated	<input type="checkbox"/> Oral ulcers
<input type="checkbox"/> Charismatic	<input type="checkbox"/> Confusion



EARTH

<input type="checkbox"/> Relaxed, laid back	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Sociable	<input type="checkbox"/> Constipation
<input type="checkbox"/> Heavier set body	<input type="checkbox"/> Obesity
<input type="checkbox"/> Loyal	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Serene / Balanced	<input type="checkbox"/> Gum disease
<input type="checkbox"/> People pleaser	<input type="checkbox"/> Weak muscles
<input type="checkbox"/> Peacemaker	<input type="checkbox"/> Excessive worry
<input type="checkbox"/> Agreeable	<input type="checkbox"/> Lipomas
<input type="checkbox"/> Nurturing / Motherly	<input type="checkbox"/> Smothering
<input type="checkbox"/> No one is a stranger	<input type="checkbox"/> Overprotective

WOOD

<input type="checkbox"/> Decisive	<input type="checkbox"/> Angers easily
<input type="checkbox"/> Assertive	<input type="checkbox"/> Irritable
<input type="checkbox"/> Confident	<input type="checkbox"/> Arrogant
<input type="checkbox"/> Strong / Leader	<input type="checkbox"/> Selfish
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Lashes out
<input type="checkbox"/> Athletic	<input type="checkbox"/> Gets frustrated
<input type="checkbox"/> Goal-oriented	<input type="checkbox"/> Edgy / tense
<input type="checkbox"/> Does well under pressure	<input type="checkbox"/> Tendon issues
<input type="checkbox"/> Impatient	<input type="checkbox"/> Eye disease
<input type="checkbox"/> Alpha animal	<input type="checkbox"/> Liver disease

METAL

<input type="checkbox"/> Loves order / structure	<input type="checkbox"/> Obsessive behavior
<input type="checkbox"/> Obeys the rules	<input type="checkbox"/> Rigid in beliefs
<input type="checkbox"/> Aloof	<input type="checkbox"/> Holds grudges
<input type="checkbox"/> Symmetrical body	<input type="checkbox"/> Distanced
<input type="checkbox"/> Disciplined attitude	<input type="checkbox"/> Roams / wanders
<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Respiratory issues
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Dry hair coat
<input type="checkbox"/> Emotions in check	<input type="checkbox"/> Nose problems
<input type="checkbox"/> Hard worker	<input type="checkbox"/> Resists training
<input type="checkbox"/> Loner	<input type="checkbox"/> Needs recognition

WATER

<input type="checkbox"/> Careful / Cautious	<input type="checkbox"/> Fearful
<input type="checkbox"/> Curious	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Self contained	<input type="checkbox"/> Hates newness
<input type="checkbox"/> Likes to hide	<input type="checkbox"/> Rear weakness
<input type="checkbox"/> Meditative	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Slow and consistent	<input type="checkbox"/> Urinary disease
<input type="checkbox"/> Introvert / Wallflower	<input type="checkbox"/> Overwhelmed
<input type="checkbox"/> Not spontaneous	<input type="checkbox"/> Noise phobias
<input type="checkbox"/> Restrained	<input type="checkbox"/> Ear issues
<input type="checkbox"/> Unobtrusive	<input type="checkbox"/> Congenital dz.

REST AND ACTIVITY LEVEL (CHECK ALL THAT APPLY)

- Pet has normal activity levels
- Repeatedly gets up and down
- Pet has difficulty laying down
- When pet lays down, pet goes down smoothly, back then front
- When pet lays down, pet goes down smoothly, front then back
- When pet lays down, pet goes down abruptly
- When pet gets up, pet gets up smoothly, using all four legs at the same time.
- When pet gets up, pet pushes up with front legs, and then pushes up with back legs
- When pet gets up, pet pushes up with back legs, and then pushes up with front legs
- Pet is less active than normal
- Appears unable to get comfortable
- Pet has difficulty standing up
- Pet is more active than normal
- Pet is reluctant to lay down

How long does it take for your pet to get up?

- Less than 5 seconds
- 5 to 30 seconds
- 30 seconds to 60 seconds
- Greater than 60 seconds

- Actively chooses warm areas
- Likes to lay on hard surfaces
- Prefers to sleep with family
- Sleeps restfully through night
- Vocalizes when sleeping
- Usually sleeps curled in ball
- Actively chooses cool areas
- Likes to lay on soft surfaces
- Prefers to sleep alone
- Wakes frequently through night
- Runs / jerks when sleeping
- Usually sleeps stretched out
- No temperature preference
- No surface preference
- Sleeps in a crate
- Paces during the night
- Dreams more than once weekly
- Sleeping position has changed

POSTURE, GAIT AND MOVEMENT (CHECK ALL THAT APPLY)

- Pet is not having any issues with walking or movement
- Stands with straight back, head up, tail up
- Stands with arched or "humped" back
- Trembles or shakes front legs
- Patient has an obvious limp (please specify below):
 - Front right leg
 - Front left leg
 - Rear right leg
 - Rear left leg
- Has difficulty going up stairs
- Stiffness is worse in the morning hours
- Stiffness is better after movement
- Stiffness is better after rest
- Pet has difficulty walking on wood / tile surfaces
- Pet stumbles on front legs
- Has had recent x-rays of spine or legs. If so, then when? _____
- Pet is having issues with walking or movement
- Stands with straight back, head down, tail tucked
- Stands with swayed back (sags in the center)
- Trembles or shakes hind legs
- Has difficulty going down stairs
- Stiffness is worse in the evening hours
- Stiffness is worse after movement
- Stiffness is worse after rest
- Pet drags toenails on the ground when walking
- Pet stumbles on back legs

EXERCISE (CHECK ALL THAT APPLY)

- My pet walks every day
- My pet walks at least two to three times a week
- My pet walks occasionally, once every week to two weeks
- My pet's exercise is limited to the yard
- My pet goes to the dog park. If yes, how often? _____
- My pet goes to doggy daycare. If yes, how often? _____
- My pet does not go for walks but exercises by: _____
- My pet cannot exercise because of his/her health issues
- My pet walks multiple times a day

URINATION (CHECK ALL THAT APPLY)

Please take the time to observe your pet’s behavior regarding elimination for the next few days in order to answer the following questions.

- Urination habits have not changed
- Pet is urinating more frequently
- Pet urinates frequently, small amounts
- Pet urinates infrequently, small amounts
- Pet strains to urinate
- Pet no longer squats to urinate
- Urine has a strong odor
- Urine is dark
- Patient has a history of urinary infections
- Patient has a history of bladder stones
- Urination habits have changed
- Pet is urinating less frequently
- Pet urinates frequently, large amounts
- Pet urinates infrequently, large amounts
- Pet struggles to squat when urinating
- Pet no longer lifts leg to urinate
- Urine has no odor
- Urine is bloody
- Urine is clear
- Patient has a history of urinary incontinence
- Patient has had surgery for urinary issues in the past

DEFECATION (CHECK ALL THAT APPLY)

- Defecation habits have not changed
 - Bowel movements are harder than normal
 - Stools are normal and tubular, easy to pick up
 - Stools are soft but tubular, cannot pick up without smearing
 - Stools are loose, like cow manure
 - Stools are loose, like water
 - Stools are hard and pebble-like
 - Stools are thin and pencil-like
 - Stools are bloody
 - Defecation habits have changed
 - Bowel movements are softer than normal
 - Pet rarely has loose or soft stools
 - Pet intermittently has loose stools. If so, how often is your pet having this issue?
 - Daily
 - Weekly
 - Every two weeks
 - Monthly
 - Every 2-3 months
- What time of day do the abnormal bowel movements occur?
- Unknown
 - After eating
 - Mornings
 - Evenings
 - Anytime
- Pet has intestines that gurgle
 - Pet hiccups frequently
 - Pet is flatulent / passes gas frequently
 - Gas has a strong odor
 - Gas has no odor
 - Pet is having fecal incontinence
 - Pet has constipation issues
- Pet had a recent fecal parasite screening. If so, when? _____
 - Pet is current with a monthly deworming medication. If so, what brand? _____

VOMITING (CHECK ALL THAT APPLY)

- Pet is not vomiting
 - Pet chronically vomits
 - Pet intermittently vomits
 - Pet rarely vomits
- How often is your pet vomiting?
- Daily
 - Weekly
 - Every 2-3 weeks
 - Monthly
 - Every few months
- What time of day is your pet vomiting?
- Unknown
 - After eating
 - Mornings
 - Evenings
 - Anytime
- What are the contents of the vomit?
- Undigested food
 - Hair
 - White / Clear fluid
 - Yellow bile
 - Blood tinged fluid

RESPIRATION (CHECK ALL THAT APPLY)

- Pet is not having breathing issues
- Pet has a hard time breathing after exercise
- Pet pants when temperature is hot
- Pet breaths loudly upon inhalation
- Pet had a low-pitched wheeze
- Pet coughs frequently
- Pet coughs then gags
- Cough is dry (non-productive)
- Cough is forceful / strong / loud
- Pet has had recent thoracic x-rays. If so, when? _____
- Pet has had a recent heartworm test. If so, when? _____
- Pet is current on monthly heartworm medication. If so, what brand? _____
- Pet has a hard time breathing at rest
- Pet pants off and on during the day (at rest)
- Pet breaths loudly upon exhalation
- Pet has a high-pitched wheeze
- Mostly in the morning
- Mostly in the evening
- After exercise
- Off and on all day
- Mostly at night
- After eating / drinking
- Pet gags then coughs
- Cough is wet (productive)
- Cough is weak

ENVIRONMENT AND LIVING SITUATION

- Pet was adopted as a puppy
- Predominantly indoors
- Has access outside via dog door
- Enclosed / fenced yard
- Within city limits
- Only pet in household
- Gets along with household pets
- Mild problems with other pets
- Pet was rescued / rehomed as an adult. At what age? _____
- Outdoors while at work, indoors when home
- 100% outdoors
- Predominantly outdoors, indoors occasionally
- Non-enclosed yard
- Outside city limits
- No backyard access
- On a farm
- Shares home with other pets
- Gets along with pets outside the home
- Severe problems with other pets

Describe the problems with other pets:

- There have been no changes to the number of pets in the household in the past year
- Pets were added to the household within the past:
 - Less than month
 - 1-3 months
 - 3-6 months
 - 6-12 months
 - There were no issues with the new pets
 - There have been issues with the addition of new pets
- Pets have been lost to the household within the past:
 - Less than month
 - 1-3 months
 - 3-6 months
 - 6-12 months
 - My pet was not affected by the loss
 - My pet was affected by the loss

Describe your pet's changed behavior if applicable to the addition or loss of other pets:

Recently and overall, my pet's attitude toward life, family and surroundings has been:

- Normal
- Slightly less than normal
- Abnormal, subdued
- Abnormal, hyperactive
- Attitude is progressively getting worse
- Attitude, though abnormal, has improved recently

SKIN AND HAIR COAT (CHECK ALL THAT APPLY)

- Pet has not had recent skin / hair issues
 - Pet is currently having skin / hair issues
 - Pet historically has had skin / hair issues
 - Pet seasonally has skin / hair issues
 - Dry skin/ dandruff
 - Greasy coat
 - Dull coat
 - Hair loss
 - Rash
 - Pustules
 - Scabs
 - Skin discoloration
 - Odor to skin
 - Flaky / broken nails
 - Ear infection
 - Anal sac issues
 - Skin masses / growths
 - Dry, cracked pads
 - Dry, cracked nose
 - Fleas / parasites
- Pet is scratching. If so, how bad on a scale of 1-10? _____
Where is your pet scratching? Check all that apply:
- Head / Face Ears Neck / Chin Under arms / legs Flanks Tail
- Pet goes to the groomer. If so, how often? _____
- Pet is on current on flea / tick prevention Pet is not current on flea /tick prevention
If so, what brand and when was it last given? _____

MENTAL STATUS AND VOCALZIATION (CHECK ALL THAT APPLY)

For those of you who work between 8 AM and 6 PM, it is difficult to answer some of the questions with specific times. Rely on your observations during your days off and on weekends. Unless there is a lot going on in the household, most pets will stick to their same schedules of behavior, even on the weekend.

- Whining
 - Hissing
 - Yelping
 - Groaning
 - Grunting
 - Growling
 - Snarling
 - Snapping
 - Meowing more
 - Vocal / voice changes
 - Hiding
 - Seeking attention
 - Irritated
 - Pins ears back
 - Needy
 - Withdrawn from social interaction with people
 - Withdrawn from social interaction with pets
 - Pet initiates play
 - Plays but does not initiate
 - No longer plays
 - Never wants to play
-
- Occasionally confused
 - Frequently confused
 - Always confused
 - Confused from 6 AM to 12 PM
 - Confused from 12 PM to 5 PM
 - Confused from 5 PM to 10 PM
 - Confused from 10 PM to 5 AM
 - Confused any time of day, not related to specific time
 - Pet goes to the wrong side of the door
 - Pet stops, stares with no focus
 - Pet goes into another room and vocalizes
 - Pet gets stuck in corners
 - Pet refuses to go outside
 - Pet refuses to go to an area of the house
 - Pet startles easily, but has always done so
 - Pet startles easily, this is a new behavior
 - Pet is easily stressed, has always been so
 - Pet is easily stressed, this is a new behavior
 - Pet is grooming self less
 - Pet is grooming self more
 - Pet is scratching / licking / biting area(s) obsessively
-
- Pet is more happy or active 6 AM to 12 PM
 - Pet is more happy or active 12 PM to 6 PM
 - Pet is more happy or active 6 PM to 10 PM
 - Pet is more happy or active 10 PM to 6 AM

Comments:

DIET

- Pet prefers dry food over canned
 - Pet will only eat canned food
 - Pet is fed human food exclusively
 - Pet is finicky with commercial food only
 - Pet is fed exclusively human food
 - Pet is fed 50% commercial food and 50% human food
 - Pet is fed primarily commercial food with occasional human food
 - Pet is fed primarily human food with occasional commercial food
 - Pet has a food allergy List trigger foods: _____
- Pet prefers canned food over dry
 - Pet will only eat dry kibble
 - Pet prefers human food over pet food
 - Pet is finicky with human food AND pet food
 - Pet is fed exclusively raw food

What happens when the trigger food is fed: _____

BRAND AND FLAVOR OF FOOD:

FREQUENCY FED:

- | | | | | |
|--------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Dry food: _____ | <input type="checkbox"/> Ad lib | <input type="checkbox"/> 1x/day | <input type="checkbox"/> 2x/day | <input type="checkbox"/> 3x/day |
| Wet food: _____ | <input type="checkbox"/> Ad lib | <input type="checkbox"/> 1x/day | <input type="checkbox"/> 2x/day | <input type="checkbox"/> 3x/day |
| Raw food: _____ | <input type="checkbox"/> Ad lib | <input type="checkbox"/> 1x/day | <input type="checkbox"/> 2x/day | <input type="checkbox"/> 3x/day |
| Treats: _____ | <input type="checkbox"/> Ad lib | <input type="checkbox"/> 1x/day | <input type="checkbox"/> 2x/day | <input type="checkbox"/> 3x/day |
| Meat / Protein: _____ | <input type="checkbox"/> Ad lib | <input type="checkbox"/> 1x/day | <input type="checkbox"/> 2x/day | <input type="checkbox"/> 3x/day |
| Vegetable / Fruit: _____ | <input type="checkbox"/> Ad lib | <input type="checkbox"/> 1x/day | <input type="checkbox"/> 2x/day | <input type="checkbox"/> 3x/day |

Is there anything else that you feed that is not covered above?

If you feed only human food, do you supplement with vitamins or minerals? Yes No

If so, please list the brand: _____

If you feed a raw diet of your own making, do you follow guidelines? Yes No

If so, please list the source: _____

APPETITE AND DRINKING BEHAVIOR (CHECK ALL THAT APPLY)

- | | | |
|---|---|--|
| <input type="checkbox"/> Appetite is normal | <input type="checkbox"/> Appetite has decreased | <input type="checkbox"/> Appetite has increased |
| <input type="checkbox"/> Pet's eating habits have changed | <input type="checkbox"/> Pet's eating habits have not changed | |
| <input type="checkbox"/> Eats food very quickly | <input type="checkbox"/> Takes time to eat food | <input type="checkbox"/> Picks at food, walks away |
| <input type="checkbox"/> Water intake is normal | <input type="checkbox"/> Water intake is decreased | <input type="checkbox"/> Water intake is increased |
| <input type="checkbox"/> Drinks small amounts frequently | <input type="checkbox"/> Drinks large amounts frequently | |

Comments: _____

CURRENT MEDICATIONS AND SUPPLEMENTS:

Patient is not currently on medication

Patient is not taking supplements

Drug / Supplement Name	Dosage (mg)	Frequency (How often given)		
<i>Example: Rimadyl / Carprofen</i>	<i>50 mg</i>	<input type="checkbox"/> 1x/day	<input checked="" type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day
_____	_____	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day
_____	_____	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day
_____	_____	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day
_____	_____	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day
_____	_____	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day
_____	_____	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day
_____	_____	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day
_____	_____	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day
_____	_____	<input type="checkbox"/> 1x/day	<input type="checkbox"/> 2x/day	<input type="checkbox"/> 3x/day

TEMPERATURE / ENERGETICS:

YIN (EXCESS COLD)

- Pet pants very little at rest
- Pet sleeps under the warm covers
- Pet loves to cuddle
- Pet loves to sleep in the sun
- Pet does not like the snow
- Pet is sluggish
- Pet is older / geriatric
- Pet drinks very little
- Pet has a wet nose with clear drainage
- Pet typically feels cool to the touch

YANG (EXCESS HEAT)

- Pet pants a lot at rest
- Pet sleeps on cold tile / linoleum floor
- Pet does not like to cuddle
- Pet prefers to sleep in the shade
- Pet loves to play in the snow / cold
- Pet is hyperactive / restless
- Pet is young
- Pet drinks excessively
- Pet has a dry, cracked nose or pads
- Pet typically feels warm to the touch

Do you have any other comments about your pet's medical history that were not addressed above?
