

## Acupuncture and Herb Consult

Please list previous medical history (severe illness and trauma) please include dates:

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What is the current health or behavior problem?

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Is there any pain in the body? If so can you list where?

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Does your pet prefer heat(lays in sun/on bed) \_\_\_\_\_ cold(tile floor) \_\_\_\_\_

Appetite: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_

Thirst: Little \_\_\_\_\_ Normal \_\_\_\_\_ Excessive \_\_\_\_\_

Sleep: Good \_\_\_\_\_ Disturbed or Anxious at night \_\_\_\_\_

Urination: Freq. & a lot \_\_\_\_\_ Freq. & a little \_\_\_\_\_ Normal \_\_\_\_\_

Strong odor \_\_\_\_\_ Normal odor \_\_\_\_\_

Stools: Formed \_\_\_\_\_ Loose \_\_\_\_\_ Alternates \_\_\_\_\_

Hard & sometimes constipated \_\_\_\_\_

Strong odor \_\_\_\_\_ Normal Smell/No odor \_\_\_\_\_

Vomits: Never or Rarely \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_

Food \_\_\_\_\_ Bile(yellow) \_\_\_\_\_ White foam \_\_\_\_\_

Strong odor \_\_\_\_\_ Normal odor/not much smell \_\_\_\_\_

Predominate Emotions: Fearful \_\_\_\_\_ Worried \_\_\_\_\_ Depressed \_\_\_\_\_

Happy & tail wagging a lot \_\_\_\_\_ Sad \_\_\_\_\_

Dominant & sometimes aggressive \_\_\_\_\_

Any emotional upset in the family recently: Yes \_\_\_\_\_ No \_\_\_\_\_

Hearing: Normal \_\_\_\_\_ Reduced \_\_\_\_\_ Deaf \_\_\_\_\_ if yes, how long? \_\_\_\_\_

Vision: Normal \_\_\_\_\_ Reduced \_\_\_\_\_ Blind \_\_\_\_\_ if yes, how long? \_\_\_\_\_

List all current medications and dosages:

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List all nutritional supplements or herbs currently giving and dosages:

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What diet does your pet eat: \_\_\_\_\_ How Much \_\_\_\_\_ How often \_\_\_\_\_

Does your pet have any current blood profiles or x-rays: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you intersted in these diagnostic tools, if the Doctor feels they are necessary:

Yes \_\_\_\_\_ No \_\_\_\_\_

Any additional information, you feel is important:

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