

PATIENT INFORMATION AND HISTORY

NAME: _____ BREED: _____ AGE: _____ GENDER: _____ DATE: _____
Color _____
DIET: _____
MEDICATIONS: _____
SUPPLEMENTS/HERBS: _____

History (circle all that apply and add details as needed)

When did symptoms start? _____ How long have they been going on? _____

When do symptoms occur? Season _____ Hour _____ Other _____

Energy level: Better in morning/evening/can't tell _____

Temperature preference: shade or tile/sunny or carpet/no preference _____

Thirst: normal/increased/decreased/frequent small sips _____

Appetite: normal/increased/ravenous/decreased/finicky _____

Vomiting: none/food/fluid/noisy/silent/frequent/sporadic/morning/evening/how long after eating _____

Stool: Normal/diarrhea/constipation/mucous/blood/incontinence/gas/smelly/color _____ frequency _____

Urine: normal/increased/decreased/pale/yellow/dark/bloody/smelly/incontinence/retention/pain _____

Behavior: relaxed/happy/hyperactive/outgoing/confident/quiet/timid/angry/fearful/sad/worried/
caring/loyal/ friendly/aggressive _____

Pain/stiffness: none/worse with rest/exercise/hot/cold/damp/morning/evening/better in the
morning/how long has it been going on? _____

Sleep: normal/increased/decreased/restless/vocalizes/dreams/location _____

Cough: dry/wet/loud/soft/productive-foam/phlegm/daytime/nighttime, worse at night _____

Diet: Dry kibble/canned/homemade/raw/cooked _____

Respiration: normal/heavy/strong/weak/shallow/out of breath on walks _____

Exercise: normal/lots/too little/intolerant – quits or refuses _____

Massage: likes/dislikes _____

Allergies: food? _____ itching? _____ location _____

GENERAL MEDICAL ISSUES (circle all that apply)

1. Separation anxiety, heart problems, insomnia, thunderstorm phobia, restlessness, tachycardia, fever, pants a lot
2. Problems with liver, ligaments, eyes, ears, nails, footpads, anal glands, aggression, seizures
3. Loss of appetite, constipation, diarrhea, vomiting, overweight, gum disease, weak muscles, anxiety
4. Urinary issues, back pain, bone or growth issues, weak in rear end, fearful, deaf, reproductive problems, arthritis, teeth problems, ear problems
5. Asthma, sinusitis, coughing, breathing problems, nose problems, dry skin, sneezing, nasal discharge, weak voice

OTHER PERTINENT SYMPTOMS, SIGNS OR TENDENCIES:

Please use this space to describe, in as much detail as you like, the concerns you have with your pet's health.

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