



## Acupuncture Initial Consult Questionnaire

DATE: \_\_\_\_\_

Please read through and fill out all pages, and submit along with your pet's medical records (if you have not yet provided them).

Client Name:	Email:
Address:	Phone number:
Referring Veterinarian (if outside clinic):	
Pet's name: _____ Breed: _____ Color: _____	Species: dog <input type="checkbox"/> cat <input type="checkbox"/> Sex: male <input type="checkbox"/> female <input type="checkbox"/> spayed/neutered <input type="checkbox"/> Age: _____
Medications (List all, including flea and heartworm prevention):	
Herbal/Supplements (List all prescribed and over the counter supplements):	
Diet: What brand? How much? How often? Also include treats and home cooked ingredients if they apply:	
What are your primary concerns today? (why did you schedule an acupuncture consultation?)	
What is your expected outcome with acupuncture treatment?	

**Please circle those that apply to your pet:**

**Water intake:**

- Normal
- Drinks very little
- Always thirsty
- Increased
- Decreased

**Food Intake:**

- Normal
- Finicky
- Poor appetite
- Ravenous

**Vomiting:**

- None
- Weekly
- Monthly
- With undigested food
- Much
- Little
- Just after eating

**Feces:**

- Soft
- Watery
- Dry
- Constipated
- Bloody
- Mucous
- Incontinent
- Strong odor

**Urine:**

- Long
- Short
- Incontinent
- Strong odor
- Bloody

**Voice:**

- Loud
- Weak

**Cough:**

- Dry
- Wet
- Loud
- Weak
- Daytime
- Nighttime
- Worse at night

**Breathing:**

- Normal
- Strong
- Shallow
- Fast

**Sleeping:**

- All the time
- Very little
- Vocalizes/wakes owner at night
- Likes a soft bed
- Likes hard surfaces
- prefers to lie in the sun
- Prefers to lie in the shade

**Stiffness:**

- None
- Chronic
- Recent onset

**Activity Level:**

- Increased
- Decreased

**Temperature Preference:**

- Likes warm surfaces
- Likes cool surfaces
- No temperature preference

**Please circle all that apply to your pet:**

<ul style="list-style-type: none"> <li>● Assertive</li> <li>● Confident</li> <li>● Strong</li> <li>● Impulsive</li> <li>● Athletic/Strong</li> <li>● Alpha</li> </ul>	<ul style="list-style-type: none"> <li>● Ligament Problems</li> <li>● Liver Problems</li> <li>● Red Eyes</li> <li>● Ear Problems</li> <li>● Nail Problem</li> <li>● Footpad Problems</li> <li>● Anal Sac Issues</li> </ul>
<ul style="list-style-type: none"> <li>● Lively</li> <li>● Communicative</li> <li>● Very Friendly</li> <li>● Affectionate</li> <li>● Loves to be Petted</li> <li>● Center of the Party</li> </ul>	<ul style="list-style-type: none"> <li>● Insomnia</li> <li>● Separation Anxiety</li> <li>● Restlessness</li> <li>● Rapid Heart Rate</li> <li>● Heart Problems</li>   <li>● Angers Easily</li> </ul>
<ul style="list-style-type: none"> <li>● Relaxed, Laid-Back</li> <li>● Sociable</li> <li>● Round/Large</li> <li>● Loyal</li> <li>● Serene and Balanced</li> <li>● Motherly Instinct</li> </ul>	<ul style="list-style-type: none"> <li>● Diarrhea</li> <li>● Constipation</li> <li>● Loss of Appetite</li> <li>● Vomits</li> <li>● Gum Disease</li> <li>● Weak Muscles</li> <li>● Overeats</li> <li>● Obese</li> <li>● Worries</li> </ul>
<ul style="list-style-type: none"> <li>● Loves Order</li> <li>● Obeys the Rules</li> <li>● Aloof</li> <li>● Symmetrical Body</li> <li>● Disciplined Attitude</li> <li>● Good Haircoat</li> </ul>	<ul style="list-style-type: none"> <li>● Asthma</li> <li>● Dry Skin</li> <li>● Sinus Problems</li> <li>● Breathing Disorder</li> <li>● Nose Problems</li> <li>● Cough</li> </ul>
<ul style="list-style-type: none"> <li>● Careful</li> <li>● Curious</li> <li>● Self-contained</li> <li>● Likes to Hide</li> <li>● Meditative</li> <li>● Slow and Consistent</li> </ul>	<ul style="list-style-type: none"> <li>● Rear Weakness</li> <li>● Fearful</li> <li>● Bone/Back Issues</li> <li>● Urinary Problems</li> <li>● Disturbed Growth</li> <li>● Deafness</li> <li>● Reproductive Problems</li> </ul>

## **ACUPUNCTURE INFORMATION & INSTRUCTIONS**

Please read through instructions and consent form and sign at the bottom of the page.

All previous medical history, including lab work and radiographs (X Rays) when applicable, must be provided to the Veterinary Acupuncturist prior to the first session to develop a proper diagnosis and treatment plan.

Achieving a diagnosis and treatment plan in Chinese medicine does not utilize the same techniques as in western medicine. For this reason, acupuncture sessions will not be considered routine physical exams. Your pet will still require Wellness exams at least once per year. No vaccines or lab tests will be performed during acupuncture consultations or sessions.

It usually takes more than one acupuncture session before results are evident. Although there are exceptions, most conditions take between 3-6 sessions once per week or month, and may require periodic maintenance sessions thereafter.

Please do not discontinue or change any prescribed medications your pet is on without consulting your veterinarian, even if your pet is improving with acupuncture.

### **CONSENT FORM**

I am the owner (or agent for the owner) of the patient noted below, and I have the authority to execute consent for this procedure. I assume full financial responsibility for this animal.

I have been advised as to the nature of acupuncture treatments, and I understand results cannot be guaranteed. I have read and understood all of the instructions above. I acknowledge that the state of Florida considers acupuncture to be an alternative treatment and I agree to have my pet treated using this method.

I understand that hospital support personnel may assist during the acupuncture sessions, as deemed necessary by the attending veterinarian.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_