



ACUPUNCTURE INITIAL CONSULT QUESTIONNAIRE

DATE: _____

Please read through and fill out all forms, and submit along with your pet's medical records.
 The Doctor will contact you prior to scheduling your first appointment.
 Please provide the best phone numbers to be reached on:

PHONE 1: _____ PHONE 2: _____

Client Name		Pet Name		
Dog	Cat	Breed	Age	M F Neutered? Y N
Medications				
Herbal / Nutritional Supplements				
Diet				
Health / Behavior Issues				

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

Voice:

- Loud
- Weak

Cough:

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

Respiration:

- Normal
- Strong
- Shallow
- Fast

Feces:

- Soft-serve / pudding-like
- Watery
- Dry
- Constipated
- Bloody
- Mucous
- Incontinent
- Strong odor

Urination:

- Long
- Short
- Incontinent
- Strong odor
- Bloody

Sleeping:

- All the time
- Very little
- Vocalizes / wakes owner at night
- Likes a soft bed
- Likes a hard surface
- Prefers to lie in sun
- Prefers to lie in shade
- Muscle jerking during sleep - if so, approx. how many times a week? _____

Vomiting:

- Weekly
- Monthly
- With undigested food
- Much
- Little
- Just after eating

Stiffness:

- Chronic
- Recent onset

Worse:

- In morning
- In evening
- In cold weather
- In hot weather
- In damp weather
- After walk
- Before walk

Massage:

- Likes
- Dislikes

Please check all that apply to your pet:

<ul style="list-style-type: none"> <input type="radio"/> Assertive <input type="radio"/> Confident <input type="radio"/> Strong <input type="radio"/> Impulsive <input type="radio"/> Athletic / strong stamina <input type="radio"/> Alpha 	<ul style="list-style-type: none"> <input type="radio"/> Ligament problems <input type="radio"/> Liver problems <input type="radio"/> Red eyes <input type="radio"/> Angers easily <input type="radio"/> Ear problems <input type="radio"/> Nail problems <input type="radio"/> Footpad problems <input type="radio"/> Anal gland issues
<ul style="list-style-type: none"> <input type="radio"/> Lively <input type="radio"/> Communicative <input type="radio"/> Very friendly <input type="radio"/> Affectionate <input type="radio"/> Loves to be petted <input type="radio"/> Center of the party 	<ul style="list-style-type: none"> <input type="radio"/> Insomnia <input type="radio"/> Separation anxiety <input type="radio"/> Restless <input type="radio"/> Rapid heart rate <input type="radio"/> Heart problems
<ul style="list-style-type: none"> <input type="radio"/> Relaxed, laid back <input type="radio"/> Sociable <input type="radio"/> Round / large <input type="radio"/> Loyal <input type="radio"/> Serene & balanced <input type="radio"/> Cares for others (motherly) 	<ul style="list-style-type: none"> <input type="radio"/> Diarrhea <input type="radio"/> Constipation <input type="radio"/> Loss of appetite <input type="radio"/> Vomits <input type="radio"/> Gum disease <input type="radio"/> Weak muscles <input type="radio"/> Overeats <input type="radio"/> Obese <input type="radio"/> Worries
<ul style="list-style-type: none"> <input type="radio"/> Loves order <input type="radio"/> Obeys the rules <input type="radio"/> Aloof <input type="radio"/> Symmetrical body <input type="radio"/> Disciplined attitude <input type="radio"/> Good haircoat 	<ul style="list-style-type: none"> <input type="radio"/> Asthma <input type="radio"/> Dry skin <input type="radio"/> Sinus problems <input type="radio"/> Breathing disorder <input type="radio"/> Nose problems <input type="radio"/> Cough
<ul style="list-style-type: none"> <input type="radio"/> Careful <input type="radio"/> Curious <input type="radio"/> Self-contained <input type="radio"/> Likes to hide <input type="radio"/> Meditative <input type="radio"/> Slow & consistent 	<ul style="list-style-type: none"> <input type="radio"/> Rear weakness <input type="radio"/> Fearful <input type="radio"/> Bone / back issues <input type="radio"/> Urinary problems <input type="radio"/> Disturbed growth <input type="radio"/> Deafness <input type="radio"/> Reproductive problems

ACUPUNCTURE INFORMATION & INSTRUCTIONS

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

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

We cherish our relationship with referring veterinary facilities and their doctors, and the trust they have shown us in referring their clients to our facility for acupuncture. For this reason, if you elect to use South Town Animal Hospital for any services other than acupuncture, we will require you to visit your current veterinarian at least one more time before transferring to this practice.

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 a year. No vaccines or lab tests will be performed during acupuncture consults 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 a 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 primary veterinarian, even if your pet is improving.

Since the first acupuncture session is an hour's duration, canceling with insufficient notice would cause a significant burden on the operations of this facility. For this reason, the initial deposit due upon scheduling the first acupuncture consult will be refunded in full ONLY with at least 24 hours advance notice to CANCEL OR RESCHEDULE that appointment.

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 that results cannot be guaranteed. I have read and understood all of the instructions above. I am also aware that unforeseen events resulting from the acupuncture sessions will not relieve me of any obligation to all reasonable costs incurred regarding this patient.

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

Signed: _____ Printed Name: _____

Pet's Name: _____ Date: _____