



ACUPUNCTURE INITIAL CONSULT QUESTIONNAIRE

DATE: _____

Client Name:	Email:
Address: _____ _____ _____	Phone: _____
Referring veterinarian:	
Pet's Name:	Species: Breed:
Age: Male intact <input type="checkbox"/> Female intact <input type="checkbox"/> Male neutered <input type="checkbox"/> Female spayed <input type="checkbox"/>	
Medications (please identify past and current):	
Herbal/Nutritional Supplements (past and current):	
Diet (type/brand, how much, how often):	
Health/Behavior Concerns:	

Please circle all that apply to your pet

Water intake: Normal Increased Decreased

Typically drinks very little Always thirsty

Food intake: Normal Increased Decreased

Typically finicky/poor appetite Always ravenous

Voice: Loud Weak

Cough: Dry Wet Loud Weak

Worse at night Worse during day

Breathing: Normal Shallow Fast Labored

Feces: Normal Soft/pudding-like Dry Watery

Constipated Bloody Mucous Strong odor

Urination: Increased Decreased Long stream Short stream

Incontinent Strong odor Bloody

Sleeping: All the time Very little Vocalizes at night

Prefers a soft bed Prefers a hard surface

Prefers to lie in the sun Prefers to lie in the shade/cool

Vomiting: Yes No Just after eating

**Stiffness/
Limping:** Chronic Recent onset

Worse: In the morning In the evening In cold weather

In hot weather In damp weather

After walks

Before walks

Massage:

Likes

Dislikes

Please check all that apply to your pet

<input type="checkbox"/> Assertive <input type="checkbox"/> Confidant <input type="checkbox"/> Strong <input type="checkbox"/> Impulsive <input type="checkbox"/> Athletic <input type="checkbox"/> Alpha	<input type="checkbox"/> Ligament issues <input type="checkbox"/> Liver issues <input type="checkbox"/> Red eyes <input type="checkbox"/> Angers easily <input type="checkbox"/> Ear problems <input type="checkbox"/> Nail/footpad problems <input type="checkbox"/> Anal gland issues
<input type="checkbox"/> Lively <input type="checkbox"/> Communicative <input type="checkbox"/> Friendly/affectionate <input type="checkbox"/> Loves to be petted	<input type="checkbox"/> Insomnia <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Restless <input type="checkbox"/> Heart issues
<input type="checkbox"/> Relaxed/laid back <input type="checkbox"/> Sociable <input type="checkbox"/> Loyal <input type="checkbox"/> Cares for others (motherly)	<input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Gum disease <input type="checkbox"/> Weakness <input type="checkbox"/> Overeats/overweight <input type="checkbox"/> Worrier
<input type="checkbox"/> Obedient <input type="checkbox"/> Likes order/consistency <input type="checkbox"/> Aloof <input type="checkbox"/> Good hair coat <input type="checkbox"/> Disciplined	<input type="checkbox"/> Asthma <input type="checkbox"/> Dry skin <input type="checkbox"/> Sinus problems <input type="checkbox"/> Breathing issues <input type="checkbox"/> Cough <input type="checkbox"/> Nose issues
<input type="checkbox"/> Careful <input type="checkbox"/> Curious <input type="checkbox"/> Likes to hide <input type="checkbox"/> Self-contained/entertained <input type="checkbox"/> Fearful <input type="checkbox"/> Slow and consistent	<input type="checkbox"/> Rear weakness <input type="checkbox"/> Bone and/or back issues <input type="checkbox"/> Urinary issues <input type="checkbox"/> Growth issues <input type="checkbox"/> Deafness <input type="checkbox"/> Reproductive issues

ACUPUNCTURE INFORMATION & INSTRUCTIONS

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

All previous medical history, including lab work and X-rays (when applicable), must be provided to the Animal Hospital of East Davie 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 a year. No vaccines or lab tests will be performed during acupuncture consults or sessions.

It typically 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.

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.

Signature: _____ **Printed name:** _____

Date: _____