

## PATIENT HISTORY

PATIENT NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

### **Traditional Chinese Medicine (TCM) history:**

**(in each section, please answer or circle all that apply)**

#### **Energy and Well-Being:**

- Energy level in general – normal / reduced / increased
- Energy is highest – morning / afternoon / night / consistent
- Attitude/mood is best – morning / afternoon / evening / night / consistent
- My pet is: Outgoing / Shy / Aggressive
- My pet is: Happy / Content / Restless / Crabby / Depressed
- My pet prefers: to be cool / to be warm / does not have a preference
- Sleep – normal/decreased/increased/restless at night
- Dreams – none/vocalization/running

#### **Mobility**

- Mobility level – normal / reduced / increased
- Mobility is best – morning / afternoon / evening / night / consistent
- My pet has a specific area that is weak or lame: yes / no

**If “Yes,” please circle all that apply:**

Front right leg/Front left leg / Back right leg/Back left leg

#### **Pain:**

My pet is in pain: Yes / No **If Yes, How long?** \_\_\_\_\_

**If you answered “Yes,” please complete the following regarding your pet’s pain:**

- Pain is \_\_\_/10 with 10 being the worst
- Is the pain in a specific area? No / Yes, where?: \_\_\_\_\_
- Better / worse after rest
- Better /Worse after exercise
- How does weather/temperature affect your pet’s pain?  
\_\_\_\_\_
- Better in am/better in afternoon/better in evening/no time difference

#### **Nutrition/Digestion/ Urinary:**

- Appetite – normal/increased/decreased
- My pet: loves to eat / is not food motivated / is picky
- Vomiting – none / occasional / a couple of times per week / often / other:
  - **If vomiting is a regular occurrence, please describe** when it happens and what it looks like:  
\_\_\_\_\_

- Stools – normal / soft/ diarrhea / hard and dry /constipation / incontinent
  - There is blood / mucous in the stool
  - Odor of stool – normal / strong / no odor
  - Does your pet have gas? Yes / No
- Thirst – normal/increased/decreased
- Water intake - Frequent small sips/large amounts at one time/ moderate
- Urine – normal/increased/decreased / Incontinent / Straining/ Vocalizes
  - Color of urine? Normal/clear/dark yellow
  - Odor of urine? Normal/no odor/strong odor

**Skin**

- My pet has: Brittle nails /dry pads /dry skin with large flakes / dry skin with small flakes
- Is your pet itchy? No / Yes
- **If “Yes”** please circle all that apply: sometimes / during day / at night / all the time
- Has your pet’s hair coat changed? No / Yes,  
describe: \_\_\_\_\_

**Reproduction:**

- fertile / infertile / not applicable
- Describe any reproduction problems your pet has had:  
\_\_\_\_\_

**Respiration/breathing:**

- normal / coughs / has had a change in breathing, describe: \_\_\_\_\_
- My pet’s voice or noises that he/she makes are: the same / have changed, describe:  
\_\_\_\_\_

**Is there anything else we should know about your pet’s health or emotional history?**