



Animal Medical Clinics of Rockford

ACUPUNCTURE INITIAL CONSULT QUESTIONNAIRE

DATE: _____

Please read through and fill out all forms, and submit along with your pet's medical records if indicated by the Doctor.

Client Name:	Email:
Address: _____	Phone: _____
	Cell: _____
Referring Veterinarian:	
Pet's Name:	Species:
Age:	Breed:
Color:	Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/>
Medications:	
Herbal / Nutritional Supplements:	
Diet: What feed? How much? How often?	
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="checkbox"/> Assertive <input type="checkbox"/> Confident <input type="checkbox"/> Strong <input type="checkbox"/> Impulsive <input type="checkbox"/> Athletic / strong stamina <input type="checkbox"/> Alpha 	<ul style="list-style-type: none"> <input type="checkbox"/> Ligament problems <input type="checkbox"/> Liver problems <input type="checkbox"/> Red eyes <input type="checkbox"/> Angers easily <input type="checkbox"/> Ear problems <input type="checkbox"/> Nail problems <input type="checkbox"/> Footpad/Hoof problems <input type="checkbox"/> Anal gland issues
<ul style="list-style-type: none"> <input type="checkbox"/> Lively <input type="checkbox"/> Communicative <input type="checkbox"/> Very friendly <input type="checkbox"/> Affectionate <input type="checkbox"/> Loves to be petted <input type="checkbox"/> Center of the party 	<ul style="list-style-type: none"> <input type="checkbox"/> Insomnia <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Restless <input type="checkbox"/> Rapid heart rate <input type="checkbox"/> Heart problems
<ul style="list-style-type: none"> <input type="checkbox"/> Relaxed, laid back <input type="checkbox"/> Sociable <input type="checkbox"/> Round / large <input type="checkbox"/> Loyal <input type="checkbox"/> Serene & balanced <input type="checkbox"/> Cares for others (motherly) 	<ul style="list-style-type: none"> <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomits <input type="checkbox"/> Gum disease <input type="checkbox"/> Weak muscles <input type="checkbox"/> Overeats <input type="checkbox"/> Obese <input type="checkbox"/> Worries
<ul style="list-style-type: none"> <input type="checkbox"/> Loves order <input type="checkbox"/> Obeys the rules <input type="checkbox"/> Aloof <input type="checkbox"/> Symmetrical body <input type="checkbox"/> Disciplined attitude <input type="checkbox"/> Good haircoat 	<ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Dry skin <input type="checkbox"/> Sinus problems <input type="checkbox"/> Breathing disorder <input type="checkbox"/> Nose problems <input type="checkbox"/> Cough
<ul style="list-style-type: none"> <input type="checkbox"/> Careful <input type="checkbox"/> Curious <input type="checkbox"/> Self-contained <input type="checkbox"/> Likes to hide <input type="checkbox"/> Meditative <input type="checkbox"/> Slow & consistent 	<ul style="list-style-type: none"> <input type="checkbox"/> Rear weakness <input type="checkbox"/> Fearful <input type="checkbox"/> Bone / back issues <input type="checkbox"/> Urinary problems <input type="checkbox"/> Disturbed growth <input type="checkbox"/> Deafness <input type="checkbox"/> Reproductive problems

ACUPUNCTURE INFORMATION AND INSTRUCTIONS

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

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 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.

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: _____

Pet's Name: _____ Date: _____