

NEW PATIENT ACUPUNCTURE FORM

Pets Name: _____ **Date** _____

Referring Veterinarian/Hospital _____

Primary Complaint _____

Previous Disease(s)/conditions _____

Duration of current condition _____

Season on time of first occurrence _____ **Following occurrences:** _____

Sensitive to: Wind _____ Damp _____ Dry _____ Heat _____ Cold _____

Better with Movement? _____ **With rest?** _____ **With pressure to area?** _____

Any discharge from body openings? _____

Consistency _____ **Amount** _____

Coughing _____ **Sneezing** _____ **Vomiting** _____ **Diarrhea** _____

Hot or painful areas? _____

Signs of weakness or pain? _____

Unusual sleep patterns? _____ **Seizures?** _____ **Hearing?** _____

Describe temperment/personality/behavior (e.g. fear, loud, noises, prefers quiet) _____

Unusual odors from body? _____

Describe skin and haircoat _____

Unusual thirst? _____ **Appetite?** _____ **Stool?** _____ **Urine** _____

Sound of voice _____ **Respiration** _____

Home environment _____

Anything unusual _____

What is your goal with these acupuncture treatments? _____

What is your pet(s) current diet? Please list in detail _____

What medications/supplements is your pet(s) regularly taking at the present time? _____

Is there anything else we should know about your pet that we haven't asked in the questionnaire?

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I hereby authorize Ann-si Li, DVM to examine, prescribe for, treat, or perform acupuncture upon the animal(s) described above. I also fully understand that acupuncture and Traditional Chinese Medicine is still considered an alternative form of therapy, although the latter is recognized by the American Veterinary Medical Association, as a valid form of therapy for certain conditions.

Signature of owner or Authorized Agent

Date
