Acupuncture Questionnaire

Owner Information:
Name:
Address:
Primary Phone:
Email:

Pet Information:
Name:
Species:
Breed:
Sex:
Birthdate/Age:

What is your pet's overall personality?
- ○ Dominant, leader
- ○ Social, energetic, excitable
- ○ Laid back, easy going
- ○ Independent, aloof
- ○ Shy, quiet, nervous

Does your pet have any fears or phobias?

Does your pet have any trouble falling asleep? Staying asleep?

Does your pet have active dreams?

Where does your pet sleep?

Does your pet have a preference for cool or warm places?
- ○ Prefers cool places
- ○ Prefers warm places
- ○ No preference

What is your pet's diet? Dry kibble or canned food? Other? (Brand, variety, amount, how often)
What is the main protein and carbohydrate source?

What treats and other food does your pet eat? How many and how often?

What type of exercise does your pet get? (activity, frequency)

Describe your pet's appetite: (normal, increased, decreased, describe)

Describe your pet's thirst: (normal, increased, decreased, describe)

Describe your pet's stool: (frequency, appearance, volume, strong smell)

Describe your pet's urinary habits: (frequency, appearance, volume, strong smell)

Does your pet experience vomiting or gas? (frequency, description)

Does your pet cough? (frequency, description)

Does your pet pant excessively? (all the time? specific time of day?)

What medications is your pet currently taking? (list all name, dose strength, frequency, even if only once in awhile or as needed)

What supplements is your pet currently taking? (list all name, dose strength, frequency, even if only once in awhile or as needed)

Does your pet have chronic or intermittent pain? Where? Why? Does anything make it better or worse?

What are your pet's current signs or symptoms?

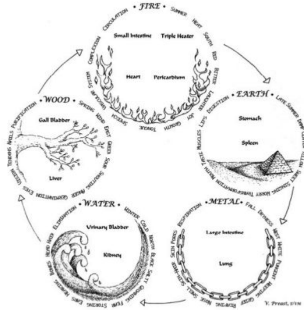
Does your pet have any past history or medical conditions or surgery?

Does your pet have any aggression toward people or other animals?

What are your expectations for treatment of your pet with acupuncture and integrative medicine?

Is there any other information that you feel it is important for us to know to treat your pet?

Please check off any below that apply to your pet at any point in their life. Circle the 3 to 5 most descriptive of your pet at this time. (Don't worry about the category titles right now. At your appointment, these will be explained in more detail.)



Fire	
Normals	Abnormals
☐ lively	☐ insomnia
☐ communicative	☐ separation anxiety
☐ very friendly	☐ restless
☐ affectionate	☐ excess heat
☐ loves to be petted	☐ rapid heart rate
☐ center of the party	☐ heart problems

Wood	
Normals	Abnormals
☐ decisive	☐ ligament problems
☐ assertive	☐ liver problems
☐ confident	☐ red eyes
☐ strong	☐ angers easily
☐ impulsive	☐ ear problems
☐ athletic-stamina	☐ nail problems
☐ alpha animal	☐ footpad problems
	☐ anal sac issues

Earth	
Normals	Abnormals
☐ relaxed, laid back	☐ diarrhea
☐ sociable	☐ constipation
☐ round and large	☐ loss of appetite
☐ loyal	☐ vomits
☐ serene and balanced	☐ gum disease
☐ cares for others (motherly)	☐ weak muscles
	☐ overeats-obese
	☐ worries

Water	
Normals	Abnormals
☐ careful	☐ rear weakness
☐ curious	☐ fearful
☐ self contained	☐ bone and back issues
☐ likes to hide	☐ urinary problems
☐ meditative	☐ disturbed growth
☐ slow and consistent	☐ deafness
	☐ reproductive problems

Metal	
Normals	Abnormals
☐ loves order	☐ asthma
☐ obeys the rules	☐ dry skin
☐ aloof	☐ sinus problems
☐ symmetrical body	☐ breathing disorder
☐ disciplined attitude	☐ nose problems
☐ good haircoat	☐ cough