

Town 'N' Country Animal Hospital
Acupuncture/Traditional Chinese Medicine Intake Form

Owner: _____ Patient : _____
 Patient DOB: _____ Sex : m, f, s, n. Species: _____ Breed: _____

What is your companion's symptom that you would *most* like to see change? : _____
 What are you expecting from Acupuncture? : _____

Please mark the following conditions that your companion has had in the past 4 years (that lasted greater than 48 hours):

<ul style="list-style-type: none"> ● Cardiovascular disease ● Behavioral problems ● Separation Anxiety ● Destructiveness ● Easily confused ● Frightful with no reason ● Vomiting/Diarrhea ● Constipation ● Decreased appetite ● Gum/lip problems ● Muscle loss ● Obesity ● Worrying ● Respiratory disease ● Nasal discharge ● Congestion 	<ul style="list-style-type: none"> ● Sinus problems ● Cough ● Asthma ● Frequent 'colds' ● Dry haircoat ● Sadness ● Kidney problems ● Bladder problems ● Urinary Incontinence ● Increased urine volume ● Fecal incontinence ● Arthritis ● Back problems ● Hind-end weakness ● Premature ageing ● Poor growth 	<ul style="list-style-type: none"> ● Deaf ● Tooth problems ● Withdrawn ● Liver disease ● Seizures ● Tremors ● Eye problems ● Ear problems ● Ligament/tendon prob. ● Foot problems ● Anal sac issues ● Irritable ● Skin problems ● Oily haircoat ● Heat intolerance ● Cold intolerance 	<ul style="list-style-type: none"> ● Traumatic injury ● Masses ● General pain ● Chronic infection ● Exercise intolerance ● Nighttime restlessness ● Deep sleeping ● Elevated thirst ● Elevated hunger ● Heat-seeking ● Cold-seeking ● Aggressive ● Sluggish ● Mental dullness ● Panting ● Weight loss
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Next:

- a. *Number* the conditions you marked in order of onset, with "1" being the earliest in your pet's life up until the most recent event.
- b. *Circle* the conditions that are current (have occurred within the past week.)
- c. *Star* the one condition that you are most concerned about.
- d. In the space below (or on the back of this sheet), elaborate only on the *current* (circled) conditions:

For Example, consider:

For all conditions:

What western diagnoses have been made?

What treatment(s) have you used and were they helpful? (medications, surgery, supplements, etc...)

Was the onset of symptoms gradual or sudden?

Are the symptoms intermittent or constant?

What time of day, if any are the symptoms the most severe? (night, day, or specific hours)

Any suspect allergens/diets that worsen the symptoms?

For skin conditions:

Is skin hot, itchy, red, moist, stinky, dandruffy, or crusty? How itchy? (little or agonizingly)

Where? (front/hind legs, front/hind body, neck, ears, feet...)

For musculoskeletal/neurological conditions:

More affected by weakness or pain? Mild, moderate, or severe (pain/weakness)? Where?

Better or worse after some exercise?

Worse in cold or damp weather?

Any swelling?

