ART of Healing

New Patient Form

Owner Name: _____ Pet name: _____

Referring Veterinarian and Hospital: (If different than MAH)_____

Patient History

Why is your pet seeing us today? Describe his/her injury/illness:

_____

Has your pet recently had surgery for this complaint? Please provide details:

_____

Are there situations that make this complaint better or worse?

_____

Have you tried medication or therapy for this complaint? Did it help?

_____

What is your pet's previous and current daily activity (long walks, swimming, hiking, etc.)?
Previous:

_____

Current:

_____

When is the last time (approximate date) your pet had bloodwork done?

_____

Have you had any diagnostic imaging (x-rays or ultrasound) for the current complaint?

_____

List any previous and current medical conditions or surgeries:

Previous:

_____

Current:

_____

Is your pet up to date on vaccines?

_____

What type of job does your pet have? (Hunting, agility, companion, working, etc.)

_____

Does your pet have any allergies (medication, environmental, etc.)?

_____

Does your pet have any dietary restrictions?

_____

What is your pet's current diet?

_____

How does your pet sleep? List what time if they wake/why:

_____

Has your pet gained or lost weight in the last 12 months?

_____

Does your pet have any vomiting/diarrhea/itching/sneezing/anxiety or other clinical signs?

_____

Environment (skip if having food therapy consult)

Is your pet indoors, outdoors, or both?

_____

What type of flooring is in your house?

_____

Does your pet have a problem using steps or stairs at home?

_____

Are there other pets in the household?

_____

Is your pet dog or human aggressive, short tempered, bites, etc.?

_____

Goals and Expectations (skip if having food therapy consult)

What is your primary goal for your pet seeing us? (Comfort, pain relief, mobility, strength, weight loss, wean off drugs/medications, manage chronic disease, quality of life, palliative, etc)

_____

What is your ideal level of exercise or activity for your pet? (Return to normal, able to go for a walk or play at the park without being sore, return to agility/hunting/work, etc.)

_____

Realistically, how much time each day or week can you commit to a home exercise plan for your pet?

_____

Current Medications & Supplements (Prescription or Over the counter)

Name, Brand, Dose	Time(s) each day	Does it help? (Great Deal, Somewhat, Little, Never)	Side effects

How well does your pet take medications?

_____

Please check any therapy or program that you are, or may be, interested in for your pet

- ☐ Pain Management
- ☐ Rehabilitation Therapy
- ☐ Acupuncture
- ☐ Chiropractic or Manipulation Therapy
- ☐ Laser Therapy (Class 4)
- ☐ Underwater Treadmill Therapy
- ☐ Nutraceuticals, Supplements or Herbals
- ☐ Home Exercise Programs
- ☐ Weight loss Programs
- ☐ Assistive Devices
- ☐ Food therapy (home cooked diets)

Food Therapy Consult Only:

What is your pet's current diet?

_____

How much do you feed of that diet?

_____

What is the kcal/cup according to the bag?

_____

Does your pet get treats? If so, what kind and how much?

_____

Please list the calories per treat for each treat they get, if any.

_____

What are your goals for doing a homemade diet?

_____

How many days in advance do you want to prepare a diet for?

_____

Is there any food you do not want to cook?

_____

Is there any specific food you know your pet loves?

_____

Are you open to cooking organ meat (liver, kidneys, etc)?

_____

5 Elements Questionnaire

In Traditional Chinese Medicine, every animal has a natural constitution- their physical build, personality, and health tendencies- that relates to one (or a mix) of the five elements: Wood, Fire, Earth, Metal, and Water.

Knowing your animal's element helps explain their behavior or clinical signs and can help guide the treatment approach for your pet.

Please answer the following as best as possible:

Appetite: Increased / Decreased / About the same

Thirst: Increased / Decreased / About the same

Stool: Increased / Decreased / About the same

Vomiting: Yes / No If Yes, how long: _____

Stomach noise: Yes / No If Yes, how long: _____

Gas/Burpring Yes / No If Yes, how long: _____

Sneezing: Yes / No If Yes, how long: _____

Coughing: Yes / No If Yes, how long: _____

Panting: Increased / Decreased / About the same

Urination: Increased / Decreased / About the same

Sleeping Increased / Decreased / About the same

Sleep through the night? Yes / No / I don't know

Dreams when sleeping? Yes / No / I don't know

Restless during the day? Yes / No / I don't know

Energy Level: Increased / Decreased / About the same

Energy level better at different times of day? Yes / No/ If yes, when: _____

My pet prefers Warm Place / weather / cool placed / Hard surface / Soft surface

If stiffness issues: Worse in am / pm Worse in cold / hot Worse before / after walks

Fire	
Balanced	Unbalanced
☐ Lively ☐ Playful ☐ Communicative ☐ Very friendly or affectionate ☐ Loves to be petted ☐ Center of the party ☐ Sensitive ☐ Normal mental activity ☐ “The emperor”	☐ Insomnia ☐ Separation Anxiety ☐ Restlessness or hyperactive ☐ Mental disturbance ☐ Too noisy ☐ Crazy ☐ Heart problems ☐ Tongue ulceration ☐ Scared without reason

Wood	
Balanced	Unbalanced
☐ Decisive or competitive ☐ Assertive or confident ☐ Dominant or aggressive ☐ Strong, fearless ☐ Impulsive, hasty ☐ Athletic- stamina ☐ Alpha animal ☐ Pioneer spirit ☐ “The General	☐ Ligament or tendon problems ☐ Liver problems ☐ Red eyes ☐ Irritable or angers easily ☐ Ear problems ☐ Nail problems ☐ Footpad or foot problems ☐ Anal sac issues ☐ Seizure activity

Earth	
Balanced	Unbalanced
☐ Relaxed, laid back ☐ Friendly, loyal ☐ Round and large ☐ Slow and consistent ☐ Serene and balanced ☐ Cares for others (motherly) ☐ Normal bowel activity ☐ Good appetite, easy-keeper ☐ “The mother”	☐ Diarrhea ☐ Constipation ☐ Loss of appetite ☐ Vomits ☐ Colic or abdominal pain ☐ Gum or lip disease ☐ Weak muscles ☐ Overeats-obese ☐ Excessive worrier

Water	
Balanced	Unbalanced
☐ Careful ☐ Timid, shy ☐ Fearful ☐ Self contained ☐ Hides or runs away ☐ Meditative/good observer ☐ “Good observer”	☐ Hind end weakness ☐ Withdrawn ☐ Arthritis or disk disease ☐ Urinary problems ☐ Kidney problems ☐ Disturbed growth ☐ Deafness, bad teeth ☐ Reproductive problems ☐ Premature ageing

Metal	
Balanced	Unbalanced
☐ Loves order ☐ Obeys the rules ☐ Aloof, quiet ☐ Independent ☐ Symmetrical body ☐ Disciplined attitude ☐ Good haircoat ☐ “Good organizer”	☐ Dry Skin ☐ Sinus problems ☐ Nasal discharge or congestion ☐ Asthma ☐ Breathing difficulty ☐ Cough ☐ Upper airway or lung infection ☐ Weak voice ☐ Excessive Sadness or grief