

ACUPUNCTURE PATIENT INFORMATION

et Name:	(first) (last)
ell us about your	pet:
Presenting Comp	- plaint
· ·	
	ne so far (treatments, medications, therapies):
Current Medicat	, c
	<u> </u>
	<u> </u>
Current Diet:	
Supplements:	
bupplements. —	
	:
Current Exercise escribe the sympt	oms? Season Hour Other
Current Exercise escribe the symptes	oms? Season Hour Other te as appropriate):
Current Exercise escribe the symptescribe the symptescribe or no Energy Levels:	oms? Season Hour Other
Current Exercise escribe the symptescribe the symptescribe or no Energy Levels: Temperature	te as appropriate): Better in the morning / Better in the evening / Other
Current Exercise escribe the sympte Please circle or note Energy Levels: Temperature Preference	oms? Season Hour Other te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold
Current Exercise escribe the symptes Please circle or note Energy Levels: Temperature Preference Thirst	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips
Current Exercise escribe the sympte Please circle or not Energy Levels: Temperature Preference Thirst Appetite	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased
Current Exercise escribe the symptes Please circle or note Energy Levels: Temperature Preference Thirst Appetite Vomiting	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased None / Food / Fluid / Noisy / Silent / Time after eating:
Current Exercise escribe the sympte Please circle or note Energy Levels: Temperature Preference Thirst Appetite Vomiting Stools	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased None / Food / Fluid / Noisy / Silent / Time after eating: Normal / Soft / Hard / Diarrhea / Constipation / Time after eating:
Current Exercise escribe the sympt Please circle or note Energy Levels: Temperature Preference Thirst Appetite Vomiting Stools Stools	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased None / Food / Fluid / Noisy / Silent / Time after eating:
Current Exercise escribe the sympt Please circle or note the sympt Energy Levels: Temperature Preference Thirst Appetite Vomiting Stools Stools Urine	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased None / Food / Fluid / Noisy / Silent / Time after eating: Normal / Soft / Hard / Diarrhea / Constipation / Time after eating: Incontinent / Flatulence / Frequency:
Current Exercise escribe the sympte Please circle or note Energy Levels: Temperature Preference Thirst Appetite Vomiting Stools Stools Urine Urine	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased None / Food / Fluid / Noisy / Silent / Time after eating: Normal / Soft / Hard / Diarrhea / Constipation / Time after eating: Incontinent / Flatulence / Frequency: Normal / Increased / Decreased / Pale / Yellow / Dark Incontinence / Retention / Pain
Please circle or no Energy Levels: Temperature Preference Thirst Appetite Vomiting Stools Stools Urine Urine Sleep	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased None / Food / Fluid / Noisy / Silent / Time after eating: Normal / Soft / Hard / Diarrhea / Constipation / Time after eating: Incontinent / Flatulence / Frequency: Normal / Increased / Decreased / Pale / Yellow / Dark Incontinence / Retention / Pain Normal / Increased / Decreased / Restless at night
Please circle or notenergy Levels: Temperature Preference Thirst Appetite Vomiting Stools Stools Urine Urine	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased None / Food / Fluid / Noisy / Silent / Time after eating: Normal / Soft / Hard / Diarrhea / Constipation / Time after eating: Incontinent / Flatulence / Frequency: Normal / Increased / Decreased / Pale / Yellow / Dark Incontinence / Retention / Pain Normal / Increased / Decreased / Restless at night Breeding / Fertile / Infertile / Number of Litters: / Neutered
Please circle or no Energy Levels: Temperature Preference Thirst Appetite Vomiting Stools Stools Urine Urine Sleep Reproduction	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased None / Food / Fluid / Noisy / Silent / Time after eating: Normal / Soft / Hard / Diarrhea / Constipation / Time after eating: Incontinent / Flatulence / Frequency: Normal / Increased / Decreased / Pale / Yellow / Dark Incontinence / Retention / Pain Normal / Increased / Decreased / Restless at night Breeding / Fertile / Infertile / Number of Litters: / Neutered Angry / Fearful / Restless / Sad / Worried
Please circle or not Energy Levels: Temperature Preference Thirst Appetite Vomiting Stools Stools Urine Urine Sleep Reproduction Behavior	te as appropriate): Better in the morning / Better in the evening / Other Hot / Cold Normal / Increased / Decreased / Frequent small trips Normal / Increased / Decreased None / Food / Fluid / Noisy / Silent / Time after eating: Normal / Soft / Hard / Diarrhea / Constipation / Time after eating: Incontinent / Flatulence / Frequency: Normal / Increased / Decreased / Pale / Yellow / Dark Incontinence / Retention / Pain Normal / Increased / Decreased / Restless at night Breeding / Fertile / Infertile / Number of Litters: / Neutered