

# Natural Healing Veterinary Acupuncture, PC

## Patient Intake Form

Patient Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog/Cat/Other (**please circle**) Date of Birth/Age: \_\_\_\_\_ Weight \_\_\_\_\_

Sex: Male/Female (**please circle**) Spayed or Neutered: Yes/No (**please circle**)

Veterinarian's name & clinic: \_\_\_\_\_

### History

Current issues of concern and/or diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Veterinary workup? Bloodwork/x-rays/MRI/other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please bring a copy of relevant veterinary records and test results)

Other appropriate history information (i.e. former injury or digestive issues): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications or supplements your pet is currently taking (include homeopathic, herbal, nutritional supplements, prescription meds from conventional veterinary clinic). Please include when these medications or supplements were started and dosages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Diet information

Type (i.e. homemade, dry, canned, raw): \_\_\_\_\_

Brand(s): \_\_\_\_\_

Quantity and frequency of feedings: \_\_\_\_\_

Has your pet ever received acupuncture? \_\_\_\_\_

Anything else you would like to share? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Natural Healing Vet Acupuncture? \_\_\_\_\_

(Feel free to use the back of the form if you need more room to answer any of the above.)