



Holistic History Questionnaire

Pet's Name _____ Date _____

Please fill out as much as you are comfortable with and bring to the appointment. Having this information at the beginning of the appointment will help us use our time together wisely.

Please circle one: Holistic Evaluation Acupuncture Senior Holistic Cancer Holistic

Main reason for visit today:

Referred by:

Please circle any symptoms that you have noticed with this pet

- | | | |
|----------------------------|---------------------------------|------------------------------|
| Night restlessness | Hearing loss | Excessive thirst |
| Excessive urination | Difficulty breathing | Tires easily |
| Excessive appetite | Poor appetite | Strains to urinate or BM |
| Resists exercise | Bad mouth odor | Constipation |
| Limping, _____ leg | Ear discharge | Diarrhea or soft stools |
| Whining or crying at night | Eye discharge | Loss of bladder control |
| Vomiting | Chronic cough | House soiling accidents |
| Seems cold or seeks heat | Chronic sneeze | Difficulty with stairs |
| Excessive panting | Back pain or sensitive to touch | Stiffness or trouble rising |
| Acts insecure of "clingy" | Growths or skin bumps | Less interactive with family |
| Odor to skin | Excessive itchiness | Other _____ |

Circle those tests or procedures your animal friend has had within the last year:

- | | | | | | |
|-------------------|---------------------------|--------------------------|------------|-------------|--------------|
| Complete physical | X-rays | Heartworm test | Ultrasound | Acupuncture | Chiropractic |
| Dentistry | Lab work (blood or urine) | Fecal test for parasites | | | |

(Please turn over and complete)

Current Diet:

Past Diet: (if feeding current diet for less than 3 months):

Current medications: 1. _____
Include dose & frequency 2. _____
3. _____
4. _____

Past use of antibiotics: Heavy – more than 4 episodes in life
 Fewer than 4 episodes in life

Current supplements: 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Current lifestyle: Includes exercise, relationship with animals in household or animal “friends, relationship with family members.

Likes:

Dislikes:

List any current physical stressors: Includes topical pesticides, over-vaccinations, environmental toxins, sleeping outside. Does not include medications.

List any current emotional stressors: Includes disharmony at home, recent change in routine, recent loss of another pet or family member, recent hospitalization or boarding, etc.

Optional, but a fun way for me to get a sense of your animal friend: “If he/she was a human, what job might he/she have?”