Integrative Medicine Questionnaire

Name of Owner:
Address:
Phone:
Email:

Patient Name:
Species/Breed: Sex:
Age:
Weight:

Best Time and Way to Reach You: ____________________________

Referring/Regular Veterinarian if different then Everhart:__________________

Please help us provide your pet with a complete evaluation by taking the time to fill out this questionnaire carefully. If there is anything you wish to bring to my attention, which is not asked on this form, please note it in the comments section.

**Presenting Complaint:**

What is the main problem you would like to help your pet with:

_____________________________________________________

How long ago did this problem begin (be as specific as possible)?

_____________________________________________________

To what extent does this problem interfere with your pet’s daily activities?

_____________________________________________________

_____________________________________________________

What diagnosis have you been given for this problem? What kind of treatments have you tried?

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________
List current medications/herbals SUPPLEMENTS your pet is on including Heartworm/Flea Prevention: ____________________________

Current Status:

Name your pet’s diet (type of food, how much given, how often, any treats):

☐ Lively ☐ Very Friendly ☐ Craves Attention ☐ Assertive ☐ Easily Angered
☐ Alpha ☐ Laid back ☐ Motherly ☐ Worries ☐ Shy
☐ Fearful ☐ Careful ☐ Jealous ☐ Aloof ☐ Disciplined
☐ Confident ☐ Pushy ☐ Easy to Excite ☐ Bossy ☐ Sociable
☐ Timid ☐ Irritable ☐ Vocal ☐ Insecure ☐ Dislikes Strangers
☐ Mellow ☐ Has Patience ☐ Prone to Anxiety ☐ Slow to Excite
☐ Prefers Shade ☐ Prefers Cool ☐ Prefers Warmth ☐ Prefers Sun ☐ Excessive Panting
☐ Prefers Outdoors ☐ Prefers Indoors ☐ Problems change with Weather or are Seasonal
☐ Other _____________________________________________________________

Describe your animal in 3 words: ________________________________________

List any changes in your pet’s environment that may have caused him/her stress in the last 6 months: _________________________________________________________________

Medical History

Past Significant Illnesses:
☐ Cancer ☐ Diabetes ☐ Heart Disease ☐ Thyroid Disease
☐ Seizures ☐ Kidney Disease ☐ Liver Disease ☐ Behavioral Problems
☐ Other ____________________________________________________________

Surgeries: ____________________________________________________________

Significant Trauma: ___________________________________________________

Allergies: ____________________________________________________________

Additional Medications/Herbals/Supplements taken over last 3 months: _____________

Frequency of vaccines: _________________________________________________

Any negative reactions to medications/vaccines: ____________________________

____________________________________________________________________________
Please check if your pet has had any of these problems/symptoms in the last 12 months:

**Neurological/Behavior Problems**

- □ Seizures
- □ Loss of Balance
- □ Lack of Coordination
- □ Anxiety
- □ Bad Temper
- □ Behavior Changes
- □ Weakness
- □ Good Attitude
- □ Easily Susceptible to stress

Any other Neurological or Behavioral Problems?

**Head, Ears, Eyes, Nose, and Throat**

- □ Poor Vision
- □ Cataracts
- □ Runny Eyes
- □ Itchy Eyes
- □ Dry Eyes
- □ Ear Discharge
- □ Ear Infections
- □ Itchy ears
- □ Nose Bleeds
- □ Color change on Nose
- □ Sores on Lips/Tongue
- □ Teeth Break Easily
- □ Bad Breath
- □ Grinding Teeth
- □ Tartar
- □ Collapsing Trachea
- □ Head Always Warm to Touch

Any other Head or Neck problems?

**Gastrointestinal**

- □ Ravenous Appetite
- □ Finicky Appetite
- □ Change in Appetite
- □ Increased Thirst
- □ Decreased Thirst
- □ Change in Thirst
- □ Vomiting
- □ Diarrhea/Loose Stool
- □ Dry Stool □ Hard Stool
- □ Gas
- □ Belching/Regurgitation
- □ Black Stools
- □ Blood in Stools
- □ Smelly Stool
- □ Undigested Food in Stool
- □ Fecal Incontinence
- □ Gassy
- □ Worms
- □ Hair Balls
- □ Food Cravings ____________________________

Any other Stomach or Intestinal Problems?
Genito-Urinary

☐ Inappropriate Urination  ☐ Frequent Urination  ☐ Blood in Urine
☐ Urinary Incontinence/Leakage  ☐ Long Urine Stream  ☐ Smelly Urine
☐ Kidney/Bladder Stones  ☐ Crystals in Urine  ☐ Kidney Disease
☐ Reproductive disease  ☐ Change in Color or Odor of Urine

Any other problems with your pet’s urinary or reproductive system?

Please note if your pet had any known abnormal heat cycles, abnormal litters, prostate or testicular disease prior to being spayed or neutered.

Respiratory

☐ Dry Cough  ☐ Wet Cough  ☐ Loud cough
☐ Weak Cough  ☐ Cough worse during Day  ☐ Cough Worse During Night
☐ Coughing Blood  ☐ Asthma
☐ Pneumonia  ☐ Difficult Breathing  ☐ Cough after Exercise
☐ Discharge from Nose  ☐ Production of Phlegm

Any other lung problems?

Cardiovascular

☐ Heart Murmur  ☐ Irregular Heartbeat  ☐ Fainting
☐ Swelling of paws/legs  ☐ Tires Easily  ☐ Edema

Any other heart or blood problems?
Musculoskeletal

- Likes Being Massaged
- Moves from touch/massage
- Neck Pain
- Back Pain
- Knee Pain
- Shoulder Pain
- Hip Pain
- Muscle Weakness
- Stiff
- Limping
- Difficulty getting up
- Tremors

- Keeps tail tucked in

Any other joint, bone or muscle problems?

If stiff or experiencing muscle, how long has your pet experienced this problem? Is Stiffness or Pain worse:

- Day?
- Night?
- After Rest?
- After Activity?
- When it is Cold out?
- Hot out?
- Damp out?

Skin and Hair

- Rashes
- Hives
- Itching
- Pimples
- Dandruff
- Loss of Hair
- Warts
- Dry Coat
- Odor to Skin/Fur
- Flea Allergy
- Greasy Coat
- Change in Coat

Any other Skin or Coat problems?

General

- Change in Bark/Meow
- Loud Voice
- Weak Voice
- Poor Sleeping
- Sleeps too much
- Sleeps After Eating
- Prefers Hard Bed (ie Floor)
- Prefers Soft Bed
- Tremors
- Localized Weakness
- Poor Balance
- Bleeds/Bruiises Easily
- Weight Loss
- Weight Gain
- Dreams a lot
- Vocalizes when Dreaming
- Paddles or Jerks muscles while Dreaming
- Energy Drop (What time of Day?)

Comments or other problems you would like to discuss? Please use the back for more room:
Authorization to Perform Alternative Therapy

I understand that the following are considered alternative/integrative forms of therapy and investigative by mainstream medicine:

- **Acupuncture**: including acupuncture, aquapuncture, electroacupuncture, laser therapy, moxabustion, etc.

- **Herbal Therapy**: including oral, topical, TCM and western formulations and nutritional supplements.

- **Skeletal Manipulations**

- **Homeopathy**

In addition, I understand all medicine, both alternative and conventional, run some inherent risk.

I authorize Dr. Alison Key to perform alternative/integrative therapy on my pet. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained.

Signature: ___________________________  Date: _______