EVERHART
-- VETERINARY HOSPITAL--
4005 Ritchie Highway
Baltimore, MD 21225
410-355-3131

EVERHART
----- WELLPET CENTER-----
8482 Fort Smallwood Rd
Pasadena, MD 21122
410-793-7670

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 petôs 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 petôs 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 petôs 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 petôs 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/Bruises 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: _____