|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT HISTORY** | | | | | | | |
| Pet’s Name: | | | | | | Today’s Date: | |
| DOB: | | | | | | Canine Feline | |
| Medical History: | | | | | Main Compliant: | | |
| Symptoms: | Normal: | Increased: | | Decreased: | Details: | | |
| Voice |  |  | |  |  | | |
| Activity Level |  |  | |  |  | | |
| Sleep |  |  | |  |  | | |
| Temperature Preference |  |  | |  |  | | |
| Food Intake |  |  | |  |  | | |
| Water Intake |  |  | |  |  | | |
| Stool |  |  | |  |  | | |
| Urination |  |  | |  |  | | |
| Vomiting |  |  | |  |  | | |
| Cough |  |  | |  |  | | |
| Stiffness |  |  | |  |  | | |
| Current Medications: |  | | | | | | |
| Current Supplements: |  | | | | | | |
| Current Diet: |  | | | | | | |
| **TCVM EXAM** | | | | | | | |
| Tongue: | | | Pulse: | | | | Sensitive Points: |
| Shen: Details:  WNL \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Disturbed \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Poor \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Coat:  WNL Dandruff  Alopecia Moist  Dry | | | | Paws: Pustule  WNL Cracked  Dry Moist  Warm Cold |
| Ears: Itching  WNL Warm Discharge Cold Malodorus Pustules | | | Eyes: Yellow  WNL Swollen  Pale Itching  Red Discharge | | | | Gums/Lips: Ulcers  WNL Swollen  Pale Bloody  Red Malodorous |
| Nose: Discharge  WNL Depigmentation Wet Bloody Hot Dry | | | Other/Notes: | | | | |
| **TREATMENT** | | | | | | | |
| TCVM Diagnosis: | | | Acupuncture Points: | | | | |
| Laser Therapy: NO YES Location: | | | | | | | |
| Follow up treatment plan: Bi-weekly Weekly Monthly Other: | | | | | | | |