

DOWN TO EARTH

EQUINE ACUPUNCTURE PATIENT HISTORY

Please fill out the following to the best of your ability. The more information you provide, the more I can help. Don't be shy or worry that you're giving too much information. I will review it in more detail at the initial visit.

Please type in this form, save it to your computer, then email it back to me as a .doc, .docx, or .pdf attachment prior to your initial visit: dr.robin.holisticdvm@gmail.com

I require this history form to be completed 48 hours prior to your first appointment to make sure that I have all the information necessary to make your first visit as productive as possible.

PATIENT NAME: _____ GUARDIAN NAME: _____

PHONE #: _____ EMAIL: _____

ADDRESS WHERE HORSE IS LOCATED: _____

SPECIES: EQUINE BREED: _____

DOB or AGE: _____ SEX: MARE / STALLION / GELDING

How did you get him/her (from breeder, rescue, etc)?

I. What is your horses' main reason for seeking/needing acupuncture?

a. Health Problem(s), describe:

b. General Wellness

II. If your horse was treated previously for this problem, please answer the following questions:

- What diagnostics have been done and what were results? (ex. Bloodwork, X-rays)
- What treatments were utilized?
- Did the horse show any improvement? If so, please describe:
- Since your horse's last veterinary visit, is he/she: the same / better / worse

III. Please list to your best ability:

o CURRENT MEDICATIONS:

o CURRENT HERBS AND/OR SUPPLEMENTS:

o CURRENT DIET:

o CURRENT EXERCISE REGIMEN:

IV. Traditional Chinese Medicine (TCM) history: (in each section, please answer or circle all that apply)

Preferences:

- Massage – likes / dislikes (please circle one)
- My horse prefers to stand/lie: in the shade / in the sun (please circle one)

Energy and Well-Being:

- Energy level in general – normal / reduced / increased
- Energy is highest – morning / afternoon / night / consistent
- Attitude/mood is best – morning / afternoon / evening / night / consistent
- My horse is: Outgoing / Shy / Aggressive
- My horse is: Happy / Content / Restless / Crabby / Depressed

Mobility

- Mobility level – normal / reduced / increased
- Mobility is best – morning / afternoon / evening / night / consistent
- My horse has a specific area that is weak or lame: yes / no

If “Yes,” please circle all that apply:

Front right leg/Front left leg / Back right leg/Back left leg

- My horse has received joint injections – No / Yes, if “yes” which joints: _____

Pain:

My horse is in pain: Yes / No If Yes, How long? _____

If you answered “Yes,” please complete the following regarding your pet’s pain:

- Pain is ___/10 with 10 being the worst
- Is the pain in a specific area? No / Yes, where?: _____
- Better / worse after rest
- Better /Worse after exercise
- How does weather/temperature affect your horse’s pain? _____
- Pain is better in am/better in afternoon/better in evening/no time difference

Nutrition/Digestion/ Urinary:

- Appetite – normal/increased/decreased
- Picky eater? Yes / No
- Stools – normal / soft/ diarrhea / hard and dry /constipation / incontinent
- There is blood / mucous in the stool
- Odor of stool – normal / strong / no odor
- Does your horse have gas? Yes / No
- Thirst – normal/increased/decreased
- Water intake - Frequent small sips/large amounts at one time/ moderate
- Urine – normal/increased/decreased / Incontinent / Straining
- Color of urine? Normal/clear/dark yellow
- Odor of urine? Normal/no odor/strong odor

Skin

- My horse’s hooves are: normal/ thin walled/difficult to keep shoes on/grow slowly
- How often reshod or trimmed? _____
- dry skin with large flakes / dry skin with small flakes
- Is your horse itchy? No / Yes If “Yes” please circle all that apply:
sometimes / during day / at night / all the time, summer / winter
- Has your horse’s hair coat changed? No / Yes, describe: _____
- Does your horse sweat: normal / excessive / decreased

Reproduction:

- fertile / infertile / not applicable
 - Describe any reproduction problems your horse has had:
-

Respiration/breathing:

- normal / coughs / sneezing / wheezing / has had a change in breathing, describe:

Is there anything else I should know about your horse’s health or emotional history?

Are you interested in TCVM herbal recommendations?

All previous medical history, including lab work and radiographs (Xrays) when applicable, must be provided to Down To Earth prior to the first session to develop a proper diagnosis and treatment plan.

Chronic conditions often take more than one acupuncture session before major results are evident. Although there are exceptions, most conditions take between 3 - 5 sessions once every 2 weeks or once per month and may require periodic maintenance sessions thereafter.