

Down To Earth Client Questionnaire

Please fill out the following to the best of your ability. The more information you provide, the more I can help! 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 the history form to be completed at least **2** days prior to your first appointment to make sure that I have all the information necessary to make your first visit as productive as possible.

I'd love a photo of your pet emailed to me. It won't be used for any social media, etc. It is just for my records.

Medical Records: Please have your vet email me your pet's medical records so I can assess your pet's history prior to your appointment. Have them send it to: **dr.robin.holisticdvm@gmail.com**

Section 1: Basic patient and client information

Patient Name:

Breed if known:

Approx. weight:

Sex:

Spayed/Neutered?

Date of birth (approximate ok):

Client Name:

Address:

Phone Number(s):

Ok to text?

Email:

Regular Veterinarian (doctor's name and clinic name):

Pet insurance:

Section 2: History of problem

Reason for evaluation:

Include when applicable:

- Duration:
- Progression (worse, same, or better than when started):
- Frequency:
- Signs/symptoms worse in the morning, afternoon, or evening?
- Signs/symptoms worse in the summer or winter?
- Severity (itch scale 0-10, pain scale 0-10):
- What do you feel is causing or exacerbating this problem?

- What has been done so far for this condition and has it helped?

***If your pet has been to another veterinarian for this condition, other than the vet listed above, please provide doctor's name and clinic name (city and state if not local):

Down To Earth Client Questionnaire

Section 3: Basic History

Any vomiting, diarrhea, coughing, or sneezing? Y/N

If yes, please explain. Include when it started; if it's the same, better or worse than when it started; and how often it occurs:

Energy is normal, increased, or decreased:

Appetite is normal, increased, or decreased:

Water consumption is normal, increased, or decreased:

Urination is normal, increased, decreased, strains, leaks, urinates in inappropriate places:

Stool is normal, soft, has mucus, has blood, watery, foul odor, hard, dry, defecates in inappropriate places:

Current diet including treats and "people food". **Include brands, varieties, amounts, frequency fed:**

Current medications. Include dose (mg), amount given, frequency, how long they have been on:

Current supplements/herbs. Include dose (mg), amount given, frequency, how long they've been on:

Please describe your pet's daily activities and exercise:

Other pets in household:

If cat, is it indoor or outdoor or both?

Ever any adverse reactions to medications, supplements, or vaccinations? If yes, specify:

Any previous medical conditions or surgeries? If yes, specify:

Other prior major medications given like steroids or Apoquel, etc?

Travel history outside of Montana:

How long have you had this pet? How did you get your pet (adopted, breeder, just showed up, etc)?

Down To Earth Client Questionnaire

Any major changes (physical, emotional, mental, etc) happened in the past year?

Has your pet ever received acupuncture treatments before? If yes, for what condition?

Section 4: TCVM History

Temperature preferences:

Does your pet exhibit signs of being colder or hotter than they should be for the environment?

Does your pet prefer to be under the covers, on tile floor, on carpet/pet bed?

Does your pet follow the sun from room to room to lay in the sun or lay outside in the sun?

Does your pet prefer to lie in the shade and on cool tile/floor or near a door?

Does your pet pant at night?

Does your pet like to be massaged? Y/N Or sensitive to touch?

Sleeping:

Does your pet actively dream (vocalize, kick)? Is so, how often:

Does your pet sleep through the night? If no, explain:

Do you think your pet is sleeping more than usual? Y/N If yes, duration of abnormal sleep?

Appetite:

Is your pet a picky eater? If so, explain:

What foods does your pet dislike?

Are there any foods that you know your pet can't have? Food sensitivities?

If yes, explain:

Does your pet eat grass?

Does your pet eat feces?

Does your pet eat other non-food items? If yes, explain:

Constitution:

- How does the pet respond to other pets in household (if applicable): For example, is he/she bossy, scared, aloof, etc?
- Response to strangers:
- Response to dogs/cats the pet doesn't know:
- Regimented? (ie – do they remind owner when it's time for dinner, bedtime, walk time, etc)?

Down To Earth Client Questionnaire

- When the pet is stressed or in an unfamiliar situation, how do they respond? ie – do they run and hide or bark while backing up and hiding behind owner, bark and advance aggressively, bark and advance excitedly, could care less, vomit or have diarrhea, other (specify):

Section 5: Goals:

What is the most important outcome you would like to achieve with your appointment(s)?

Are you open to discussing diet and changing your pet's diet if necessary?

Are you interested/open to herbal supplement recommendations?

Do have any specific requests of me regarding the visit?

How did you hear about Dr. Robin/Down To Earth Holistic Vet?

Section 5: Do you have any other concerns regarding your pet?	If yes, explain:
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