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| **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:  |