

**TCVM/ acupuncture history sheet**

Pet's name \_\_\_\_\_

**Constitution?** (Wood, Fire, Earth, Metal, Water) **If unsure, circle all that apply when your pet is healthy:**

Introverted Extroverted Aloof Attention-seeking Bossy Laid-back Fearful

Active Sedentary Relaxed Aggressive Wants to please

**Primary complaint today?**

**Any other current/ recent health or mental problems?**

**Any historical health or mental problems?**

**Medications, supplements, diet (including primary ingredients), treats-**

**Does your pet sleep well through the night?**

**Is your pet's condition worsened by weather conditions (heat, cold, rain, wind, etc)?**

**Any stomach or intestinal issues? Good appetite?**

**Does your pet prefer cool or warm areas? Does he/she pant? Is he/she very thirsty?**

**Does your pet have a "job"? If so, what?**

**Have you or your pet had acupuncture before?**

**If your pet has had acupuncture, was there a positive or negative effect after the last treatment? Please describe. How long did the effect last?**