INTEGRATIVE MEDICINE ADMISSION FORM

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Long Island Veterinary Specialists

Where You Take Your Pet First Makes All The Difference

CLIENT INFORMATION:

Date ______________________________

Client's Name ______________________________

Phone Number ______________________ Email ______________________

PATIENT INFORMATION:

Pet's Name ______________________ ☐ Canine ☐ Feline

Breed ______________________ ☐ Male Neutered ☐ Female Spayed

Age __________ Color __________ Weight __________ ☐ Male Intact ☐ Female Intact

CHIEF COMPLAINT OR PROBLEM:

Please list duration of clinical signs ______________________________

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Please list current medications ______________________________

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Please list your pet's diet ______________________________

PLEASE CIRCLE THE ONE GROUP OF CHARACTERISTICS THAT BEST DESCRIBES YOUR PET:

Group A: dominant, aggressive, confident, athletic, fearless, competitive, alpha

Group B: friendly, playful, sensitive, noisy, loves to be pet, "center of attention"

Group C: laid back, easy going, friendly, slow moving, sweet, tolerant, serene

Group D: aloof, independent, likes order, obeys rules, disciplined attitude, quiet

Group E: timid, shy, fearful, nervous, hides, careful, self-contained

Continued on reverse

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING YOUR RESPONSE:

Shen/Spirit	Happy / Sad / Anxious / Moody / Depressed
Voice	More / Less / Unchanged
Energy Level	Increased / Decreased / Unchanged
Sleeping	More / Less / Unchanged
Sleep Habits	Soundly / Restless / Dreams
Prefers	Warm places to lay (i.e. carpet, bedding, sunlight) Cool places to lay (i.e. tile flooring, concrete, shade) No Temperature Preference
Appetite	Increased / Decreased / Normal
Thirst	Increased / Decreased / Normal
Urination	Increased / Decreased / Normal
Coughing	Yes / No
Sneezing	Yes / No
Panting	None / Only When Exercising / Only at Veterinarian Office
Vomiting	Yes / No
Stool	Dry / Bloody / Mucousy / Loose or Diarrhea / Normal
Stiffness or Limping	Yes / No
Weakness	Yes / No
Weight Loss	Yes / No
Hearing Loss	Yes / No
Likes Massage	Yes / No

PLEASE DESCRIBE ANY OTHER INFORMATION ABOUT YOUR PET THAT IS IMPORTANT TO YOU: