

# ***Holistic Intake Form***

**Patient Name:**

**Family**

**Name:**

**Age:**

**Regular Veterinarian:**

**Chief Complaint:**

**Other Problems:**

Please complete the attached "Personality Profile & Quick Clinical Summary" by checking the applicable items which are current or past issues of importance. If something happened only one time (like vomiting); you do not need to check it off. Then provide more details regarding the issues on the form below.

**Physical History:** Please give any information in your pet's history relating to these specific issues, especially if there has been a recurrent or longstanding problem. More detail is preferable (such as color of any discharge or skin lesions).

**Eyes:** Discharge? Vision changes? Cataracts?

**Ears:** Discharge? Hearing loss? Inflammation?

**Nose:** Discharge?

**Respiratory:** Forceful or weak breathing? Coughing? Wheezing? Weather related?

**Digestive:** Appetite (ravenous, normal, small, any food preferences or aversions)? Thirst (high, low, normal, small sips or tank up)? Vomiting (color, time relation to eating, consistency)? Stools (mucus, blood, odor, diarrhea/constipation, color)?

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**Skin:** Greasy? Dry? Flakey? Itchy? Red? Infected areas? Smelly? Draining tracts? Individual lesions or large generalized problems?

**Heart:** Any history of circulatory problems? Changes in energy level? Pacing/howling or erratic behavior?

**Kidney/Bladder:** Blood in urine? Straining to urinate? Crystals in urine? Increased frequency of urination? Incontinence?

**Neurological:** Seizures? Paralysis/weakness? Left vs. Right side?

**Bones/Muscles/Ligaments:** Lameness (first occurrence, location, duration, better with motion or rest, worse with cold or damp weather, any detection of warmth or coldness-to touch-in affected area)? Weakness in front or rear?

**Emotional:** How long has your pet lived with you? Any other pets in the house? Is the home environment stressful? Characterize your pet's personality.

**General Questions:** Does your pet prefer: sun or shade? Carpet or Tile? Pet bed or bare floor? Does your pet prefer activity or is he/she sedentary? How does your pet act when ill? Is your pet taking any medications or supplements at this time?

## **Media Release**

Do we have your permission to use your pet's picture on our social media? \_\_\_\_\_ Yes \_\_\_\_\_ No