

# Animal Medical Center of Chicago

1618 W. Diversey

Chicago, IL 60614

773.525.3353 / 773.525.3280 (fax)

[doctors@animalmedicalcenterofchicago.com](mailto:doctors@animalmedicalcenterofchicago.com)

## Acupuncture Questionnaire

Client name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient name: \_\_\_\_\_

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Why are you bringing your pet to see us today? \_\_\_\_\_

How long has this been going on? \_\_\_\_\_

Was the onset  acute or  gradual?

Has it  improved,  worsened or  stayed the same?

Please list your pet's current medications or any nutritional supplements that s/he receives regularly.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Have these medications or other treatments made the condition better or worse? \_\_\_\_\_

Please provide details. \_\_\_\_\_

Has there been any change in your pet's behavior that you think is attributable to this condition?

Are there any other issues with your pet which concern you? \_\_\_\_\_

Describe your pet's activity level       Very active     Moderately Active     Sedentary

Have there been changes in your pet's activity level as a result of this issue?    Yes    No

Please describe those changes. \_\_\_\_\_

What time of day is your pet most active? \_\_\_\_\_ Least active? \_\_\_\_\_

What is your pet's diet? \_\_\_\_\_

What type of food does your pet prefer?    Dry     Canned     Other \_\_\_\_\_

Does your pet prefer: (please mark as appropriate)

Warm spots    Cool spots    Soft spots    Hard spots    Cold water    Ice chips    Winter    Summer

Other preferences? Please describe \_\_\_\_\_

Describe your pet's personality ~ silly, friendly, aloof, fearful, etc. \_\_\_\_\_

\_\_\_\_\_

What benefits do you hope that your pet will get from acupuncture? \_\_\_\_\_

\_\_\_\_\_

Is there any other information you feel we should have about your pet? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for completing this questionnaire and for entrusting us with your pet's care. Your answers will be very helpful in guiding us in our assessment of your pet's general well being.