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Holistic Acupuncture & Herbal Medicine
1420 3rd Street SW, Roanoke, VA 24016

guardian's name: _____ phone: _____ date: _____

address: _____ email: _____

pet's name: _____ pet's date of birth: _____

What health issues would you like help with?

1. _____

3. _____

2. _____

4. _____

PET'S HEALTH HISTORY

past medical history (circle any that apply):

asthma allergies cancer diabetes heart disease
liver disease seizures stroke thyroid disease kidney disease
other: _____

injuries/hospitalizations/surgeries:

current medications (please include dietary supplements, herbs, etc.):

pet's diet (including "people food" and treats):

allergies:

Pet's family health history (circle any that apply):

allergies arthritis diabetes digestive issues heart disease
seizures thyroid disease adrenal issues kidney disease musculoskeletal issues
cancer: _____
other: _____

guardian's name: _____ date: _____

pet's name: _____

Please **underline** any symptoms which your pet has ever experienced in the past and **circle** any which have occurred most recently.

<p><u>CHILLS, FEVER, SWEATING</u></p> <ul style="list-style-type: none"> <input type="radio"/> feverishness or chills <input type="radio"/> aversion to wind <input type="radio"/> excessive panting <input type="radio"/> easily overheats <input type="radio"/> other <p><u>SKIN</u></p> <ul style="list-style-type: none"> <input type="radio"/> rashes or hives <input type="radio"/> hot spots or eruptions <input type="radio"/> dryness or itching <input type="radio"/> changes in moles/lumps <input type="radio"/> fleas or ticks <input type="radio"/> other <p><u>HEAD & NECK</u></p> <ul style="list-style-type: none"> <input type="radio"/> dizziness or fainting <input type="radio"/> enlarged lymph nodes <input type="radio"/> neck stiffness <input type="radio"/> other <p><u>NEUROLOGICAL</u></p> <ul style="list-style-type: none"> <input type="radio"/> numbness or paralysis <input type="radio"/> seizures or tremors <input type="radio"/> other <p><u>EARS</u></p> <ul style="list-style-type: none"> <input type="radio"/> infection or discharge <input type="radio"/> pain or itching <input type="radio"/> decreased hearing <input type="radio"/> other <p><u>EYES</u></p> <ul style="list-style-type: none"> <input type="radio"/> visual changes <input type="radio"/> red or painful eyes <input type="radio"/> discharge <input type="radio"/> other <p><u>NOSE, THROAT & MOUTH</u></p> <ul style="list-style-type: none"> <input type="radio"/> nasal discharge or bleeding <input type="radio"/> allergies <input type="radio"/> canker sores or oral ulcers <input type="radio"/> tooth decay or gum disease <input type="radio"/> other 	<p><u>CARDIOVASCULAR</u></p> <ul style="list-style-type: none"> <input type="radio"/> palpitations/rapid heartbeat <input type="radio"/> chest pain or tightness <input type="radio"/> poor circulation <input type="radio"/> swelling in extremities <input type="radio"/> blood clots/bleeding disorders <input type="radio"/> other <p><u>RESPIRATORY</u></p> <ul style="list-style-type: none"> <input type="radio"/> shortness of breath <input type="radio"/> chronic cough <input type="radio"/> coughing up phlegm or blood <input type="radio"/> other <p><u>DIGESTION</u></p> <ul style="list-style-type: none"> <input type="radio"/> reduced/excessive thirst <input type="radio"/> reduced/excessive appetite <input type="radio"/> food cravings <input type="radio"/> indigestion or food sensitivity <input type="radio"/> nausea or vomiting <input type="radio"/> belching, flatulence or bloating <input type="radio"/> stomach pain <input type="radio"/> gallbladder disease <input type="radio"/> pancreatic disease <input type="radio"/> recent change in weight <input type="radio"/> other <p><u>ELIMINATION</u></p> <ul style="list-style-type: none"> <input type="radio"/> constipation or diarrhea <input type="radio"/> abdominal pain <input type="radio"/> bile in stools <input type="radio"/> blood in stools <input type="radio"/> anal gland impaction <input type="radio"/> other <p><u>URINATION</u></p> <ul style="list-style-type: none"> <input type="radio"/> marking/housebreaking issues <input type="radio"/> frequent urination <input type="radio"/> urinary discomfort <input type="radio"/> incontinence <input type="radio"/> blood in urine <input type="radio"/> other 	<p><u>MUSCULOSKELETAL</u></p> <ul style="list-style-type: none"> <input type="radio"/> muscle pain or weakness <input type="radio"/> joint pain or weakness <input type="radio"/> joint changes <input type="radio"/> stiffness <input type="radio"/> heavy limbs <input type="radio"/> back ache/back pain <input type="radio"/> other <p><u>SLEEP & ENERGY</u></p> <ul style="list-style-type: none"> <input type="radio"/> insomnia <input type="radio"/> dream disturbed sleep <input type="radio"/> fatigue or energy drops <input type="radio"/> hyperactivity or restlessness <input type="radio"/> anger or irritability <input type="radio"/> depression <input type="radio"/> other <p><u>BEHAVIORAL</u></p> <ul style="list-style-type: none"> <input type="radio"/> anxiety <input type="radio"/> dog aggression <input type="radio"/> food guarding <input type="radio"/> separation anxiety <input type="radio"/> depression/withdrawal <input type="radio"/> paw licking <input type="radio"/> destructiveness <input type="radio"/> digging <input type="radio"/> other <p><u>FEMALE</u></p> <ul style="list-style-type: none"> <input type="radio"/> vaginal infections <input type="radio"/> abnormal bleeding <input type="radio"/> pain or itching of genitalia <input type="radio"/> genital lesions/discharge <input type="radio"/> mammary lumps <input type="radio"/> other <p><u>MALE</u></p> <ul style="list-style-type: none"> <input type="radio"/> pain or itching of genitalia <input type="radio"/> genital lesions/discharge <input type="radio"/> impotence <input type="radio"/> weak urinary stream <input type="radio"/> lumps in testicles <input type="radio"/> other
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