

Introduction

Welcome to Dale Animal Hospital Integrative Pain Management. You are about to fill out a medical history questionnaire that seems quite lengthy and in depth but it allows Dr. Byl to gain valuable insights to your pet's personality and life. Thank you for taking the time to invest in filling out this questionnaire for your pet.

First Name:

Last Name:

Patient Name:

Primary Care Veterinary Clinic:

What are the main reasons you are seeking an Integrative Pain Management treatment? What are your expectations/goals with these treatments?

Were you referred by someone? Yes No

Is so, by whom?

Have you ever received a chiropractic adjustment or acupuncture treatment yourself?

Yes No

REST AND ACTIVITY LEVEL (CHECK ALL THAT APPLY)

- Pet has normal activity levels
- Repeatedly gets up and down
- When pet lays down, pet goes down smoothly, back then front
- When pet lays down, pet goes down smoothly, front then back
- When pet lays down, pet goes down abruptly
- When pet gets up, pet gets up smoothly, using all four legs at the same time
- When pet gets, pet pushes with front legs, and then pushes up with back legs
- When pet gets up, pet pushes up with back legs, and then pushes up with front legs

- Pet is less active than normal
- Appears unable to get comfortable
- Pet has difficulty standing up
- Pet is more active than normal
- Pet is reluctant to lay down

How long does it take for your pet to get up?

- Less than 5 seconds
- 5 seconds to 30 seconds
- 30 seconds to 60 seconds
- Greater than 60 seconds

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- Actively chooses warm surfaces
 - Likes to lay on hard surfaces
 - Prefers to sleep with family
 - Sleeps restfully through night
 - Vocalizes when sleeping
 - Usually sleeps curled in a ball

- Actively chooses cool areas
- Likes to lay on soft surfaces
- Wakes frequently through night
- Runs/jerks when sleeping
- Usually sleeps stretched out

- No temperature preference
- No surface preference
- Sleeps in a crate
- Paces during the night
- Dreams more than once weekly
- Sleeping position has changed

POSTURE, GAIT, AND MOVEMENT

- Pet is not having any issues with walking or movement
- Stands with straight back, head up, tail up
- Stands with arched or "humped" back
- Stands with straight back, head, down, tail tucked
- Stands with swayed back (sags in the center)
- Trembles or shakes front legs
- Has difficulty going up stairs
- Has difficulty going downstairs

CHECK ALL THAT APPLY

- Stiffness improves after movement
- Stiffness is better after rest
- Stiffness is worse in the morning hours
- Stiffness is worse in the evening hours
- Pet has difficulty walking on wood/tile surfaces
- Pet stumbles on front legs
- Pet is having issue with walking or movement

- Pet stumbles on back legs
- Pet drags toenails on ground when Walking
- Has had recent x-rays of spine or legs

If so when/where:

EXERCISE (CHECK ALL THAT APPLY)

- My pet goes for a walk every day
- My pet goes for a walk at least two or three times a week
- My pet goes for a walk occasionally, once every week to two weeks
- My pet goes for a walk multiple times a day

My pet goes to the dog park
If yes, how often? _____

My pet goes to doggy day care
If yes, how often? _____

My pet does not go for walks but exercises by:

My pet cannot exercise because of his/her health issues

URINATION (CHECK ALL THAT APPLY)

Please observe your pet's behavior regarding elimination for the next few days to answer the following questions

- Urination habits have not changed
- Pet is urinary more frequently
- Pet no longer squats to urinate
- Patient has a history or urinary infections or bladder stones
- Patient has a history of urinary incontinence
- Patient has had surgery for urinary issues in the past

DEFECATION (CHECK ALL THAT APPLY)

- Defecation habits have not changed
- Defecation habits have changed
- Bowel movements are harder than normal
- Pet rarely has loose or soft stools
- Pet intermittently has loose stools: If so, how often
 - Daily
 - Weekly
 - Every few weeks
 - Every 2-3 months

ENVIRONMENT AND LIVING SITUATION

- Pet was adopted as a puppy
- Pet was rescued as an adult – at what age? _____
- Predominantly indoors
- Outdoors while at work, indoors when home
- In a kennel while at work
- Free to roam the entire house while at work
- Has access outside via dog door
- Enclosed/fenced yard
- Non-enclosed yard – put on tie-out
- Within city limits
- Outside city limits
- On a farm

- Only pet in household
- Shares home with other pets

Number of dogs _____

Number of cats _____

- Gets along with household pets
- Gets along with pets outside the home
- Mild problems with other pets
- Severe problems with other pets

Describe the problems with other pets

Recently and overall, my pet's attitude toward life, family and surroundings has been:

- Normal Abnormal, subdued
- Slightly less than normal
- Attitude is progressively getting worse

MENTAL STATUS AND VOCALIZATION (CHECK ALL THAT APPLY)

- Whining
- Growling
- Hiding
- Hissing
- Yelping
- Seeking attention
- Needy
- Pet initiates play
- Plays but does not initiate
- No longer plays
- Pet seems to get confused

DIET

- Pet prefers dry food over canned
- Pet will only eat canned food
- Pet is fed human food exclusively
- Pet is finicky with commercial food only
- Pet is fed exclusively human food
- Pet is fed 50% commercial/50% human food
- Pet is primarily commercial food with occasional human Food
- Pet prefers canned food over dry
- Pet will only eat dry kibble
- Pet is fed exclusively raw food

CURRENT MEDICATIONS AND SUPPLEMENTS:

- Patients is not currently on medication
- Patient is not taking supplements

DRUG/SUPPLEMENT NAME

Dosage

DRUG/SUPPLEMENT NAME	Dosage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPETITE AND DRINKING BEHAVIOR (CHECK ALL THAT APPLY)

- Appetite is normal
- Appetite has decreased
- Appetite has increased
- Pet's eating habits have changed
- Pet's eating habits have not changed
- Eats food very quickly
- Takes time to eat food
- Water intake is normal
- Water intake is decreased
- Water intake is increased
- Drinks small amounts frequently
- Drinks large amounts frequently

BRAND AND FLAVOR OF FOOD

Dry Food: _____

Wet Food: _____

Raw Food: _____

Treats: _____

Meat/Protein: _____

Feeding how many times a day:

Any other concerns or comments about your pet that you would like to address?
