

### **Acupuncture History Form**

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Please fill this form out to the best of your ability prior to your acupuncture appointment.

1. Primary Concern?
  
2. History of Present Illness:
  - a. How did the problem develop?
  
  - b. What helps?
  
  - c. What makes it worse?
  
  - d. Other details?
  
3. Past medical history?
  
4. Past surgical history:
  
5. Current Medications (please list all, in detail)
  
6. Current supplements
  
7. Other treatments that have been tried for this condition?
  
8. How did you hear about us?