

Acupuncture Questionnaire

Date: _____ Patient Name: _____

Client Name: _____

Breed: _____ Date of Birth: _____ Sex: F FS M MC Weight: _____

Major Complaint: _____

Please answer the following questions to the best of your knowledge. This will help in making an accurate diagnosis.

Preference: ___ Shade or cool locations (concrete, tile) ___ Sun or warm locations (heat register, carpet, blankets)

Personality: ___ Hyperactive, outgoing, strong, confident ___ Quiet, timid, shy, less confident

Thirst: ___ Increased thirst ___ Decreased thirst

Appetite: ___ Good or ravenous, unchanged ___ Finicky, decreased

Feces: ___ Dry, bloody, malodorous (smelly) ___ Loose, diarrhea, little odor

Urine: ___ Shorter stream, malodorous, bloody ___ Longer stream, urinary leakage

Duration: ___ Short, recent ___ Long, chronic

Breathing: ___ Heavy, panting ___ Long, labored

Sleep: ___ Increased/too much ___ Decreased/too little (restless, pacing, muscle jerking)

Exercise: ___ Same/Increased ___ Decreased/intolerant/tires easily

Stiffness: ___ Acute onset ___ Chronic

Worse: ___ in morning ___ in evening ___ with cold ___ with heat ___ in damp ___ after walk ___ before walk

Massage/touch: ___ Likes (enjoys/allows) ___ Dislikes (will not allow/growls)

Vomiting: ___ Frequent ___ Sporadic

Specify _____

___ Large amount ___ Small amounts

___ Undigested food ___ Fluid only ___ Soon after eating

Voice: ___ Loud ___ Weak