Middletown VETERINARY HOSPITAL

# NEW PATIENT HISTORY
## Acupuncture

## CLIENT/PATIENT INFORMATION

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| **CLIENT NAME:** | | |
| **CLIENT CONTACT #:** | **CLIENT E-MAIL:** | |
| **PATIENT NAME:** | | |
| **BREED:** | **GENDER: MALE / FEMALE SPAYED / NEUTERED** | **AGE:** |
| **CURRENT CLIENT? Y / N** | **IF NO PLEASE SEE ATTACHED NEW CLIENT/PATIENT FORM** | |
| **CURRENT PATIENT? Y / N** | **IF NO PLEASE SEE ATTACHED NEW CLIENT/PATIENT FORM** | |

## MEDICAL HISTORY (ALL RECORDS ARE REQUIRED PRIOR TO CONSULTATION APPOINTMENT)

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| **NEW CLIENTS: PLEASE PROVIDE INFORMATION ON YOUR PRIMARY or REFERRING VETERINARIAN**<br>Clinic:<br>Contact #:<br>Email: |
| **IS YOUR PET UP TO DATE ON VACCINES? (Rabies, Distemper, Lyme)** |
| **WHEN WAS YOUR PET'S MOST RECENT PHYSICAL EXAM?** |
| **DOES YOUR PET HAVE ANY MAJOR MEDICAL CONDITIONS? (Endocrine disease, kidney disease, cardiac disease, seizures, history of spinal or knee injury or surgery, behavior issues, etc.) PLEASE EXPLAIN BRIEFLY:** |
| **DOES YOUR PET CURRENTLY TAKE MEDICATION? IF SO, PLEASE LIST THE NAME, STRENGTH AND FREQUENCY:** |

Middletown Veterinary Hospital
189 Wawayanda Avenue
Middletown, NY 10940

(p) 845-343-7012
(f) 845-344-1072

middletownvh@yourvetdoc.com

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| DOES YOUR PET TAKE ANY DIETARY SUPPLEMENTS? IF SO, PLEASE LIST THE NAME AND FREQUENCY: |
| WHAT IS YOUR PET'S CURRENT DIET? PLEASE INCLUDE BRAND NAME, AMOUNT AND FREQUENCY OF FEEDING. ALSO INCLUDE ANY TREATS OR TABLE FOOD THAT YOUR PET RECEIVES REGULARLY. |

## ACUPUNCTURE GOALS AND EXPECTATIONS

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| HAS YOUR PET RECEIVED ACUPUNCTURE TREATMENTS OR OTHER PHYSICAL THERAPIES PREVIOUSLY? (PT/rehab, laser therapy, chiropractic adjustments, therapeutic ultrasound, shockwave therapy, etc.) IF SO, HOW RECENT WAS THEIR LAST THERAPY? HOW OFTEN DO THEY RECEIVE TREATMENT? |
| WHAT IS YOUR PRIMARY REASON FOR PURSUING ACUPUNCTURE FOR YOUR PET? |
| WHAT GOALS OR EXPECTATIONS DO YOU HAVE REGARDING ACUPUNCTURE FOR YOUR PET? |
| ARE YOU WILLING TO PURSUE OTHER PHYSICAL MEDICINE MODALITIES IF INDICATED FOR YOUR PET? (PT/rehab, laser therapy, chiropractic adjustments, etc.) |

**Please submit this form, along with all relevant medical records, to Middletown Veterinary Hospital AT LEAST 24 HOURS PRIOR to your pet's acupuncture consultation appointment.**

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