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COMPLEMENTARY MEDICINE INTAKE FORM
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BASIC INFORMATION

Owner name _____
Local address _____
Telephone _____ Email _____
Pet's name _____ ☐ Canine ☐ Feline
Breed _____ Date of birth _____
Is your pet ☐ spayed ☐ neutered ☐ intact

BACKGROUND

What problem(s) would you like to address? _____
When did this first start? ☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ Not Sure
Is it worse during any particular season? ☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ Not Sure
Is it the same from day to day or are some days worse than others? _____
Is there a certain time of the day when the problem is worse? ☐ Yes ☐ No ☐ Not Sure
If so, when? _____
Is it worse during any of the following? ☐ Hot days ☐ Cold days ☐ Damp days ☐ Dry ☐ Other
At what time of the day does your pet have the most energy? _____ Least? _____
Does your pet sleep well at night or is (s)he restless? _____
Does (s)he snore? ☐ Yes ☐ No ☐ Not Sure
Does your pet prefer to lie in cool areas (i.e. on tile floors) or in warm areas (i.e. near sunlight or a heater) ☐ Cool areas ☐ Warm areas ☐ Not Sure
Does your pet prefer summer or winter? ☐ Summer ☐ Winter ☐ Not Sure

FOOD ENERGETICS

What type of food does your pet eat? Please be as specific as possible -try to list EVERYTHING.

Brands, Dry _____
Brands, Canned _____
People Food _____
Treats _____
Medications _____
Vitamin or herbal supplements _____

MEDICAL HISTORY

Does your pet have a good appetite? ☐ Yes ☐ No _____

Does your pet have normal urine and stool? ☐ Yes ☐ No _____

Has your pet ever had vomiting or loose stool? ☐ Yes ☐ No _____

Has there been any change in appetite or thirst? ☐ Yes ☐ No _____

Does your pet have any anxieties or phobias, such as noise, thunder, separation anxiety? ☐ Yes ☐ No _____

Has your pet ever had any seizures? ☐ Yes ☐ No _____

Does your pet have heart disease? ☐ Yes ☐ No _____

Is there a chance she is pregnant? ☐ Yes ☐ No _____

Has your pet ever been treated with antibiotics? ☐ Yes ☐ No _____

Did antibiotics resolve the problem? ☐ Yes ☐ No _____

In dogs, have you seen lameness or stiffness? In cats, have you seen a reluctance to jump up or down?
☐ Yes ☐ No _____

Does your pet like or dislike massage? ☐ Yes ☐ No _____

Has your pet ever had Acupuncture before? ☐ Yes ☐ No _____

Have you ever had Acupuncture before? ☐ Yes ☐ No _____

What do you hope that Acupuncture, Chinese herbs, or other complementary treatments will be able to do for your pet? _____

Who is your regular, primary care Veterinarian? _____

Would you have any objection if I contacted her or him? _____

Please add anything you think would be important for me to know:

Please check all that apply in describing your pet's personality:

FIRE (HEART, large intestine)

- | | |
|--|---|
| <input type="checkbox"/> Lively, playful, enthusiastic | <input type="checkbox"/> Easily excited |
| <input type="checkbox"/> Communicative or talkative | <input type="checkbox"/> Anxious, panics |
| <input type="checkbox"/> Very friendly, or affectionate | <input type="checkbox"/> Barks excessively |
| <input type="checkbox"/> Loves to be petted and be the center of attention | <input type="checkbox"/> Overheats easily |
| <input type="checkbox"/> Extroverted | <input type="checkbox"/> Paddles/swims while sleeping |
| | <input type="checkbox"/> Heart Problems |

EARTH (SPLEEN, stomach)

- | | |
|---|---|
| <input type="checkbox"/> Relaxed, mellow, laid back | <input type="checkbox"/> Worries |
| <input type="checkbox"/> Good appetite, loves to eat | <input type="checkbox"/> Overeats, overweight |
| <input type="checkbox"/> Friendly, loyal, wants to please | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Slow, steady and consistent | <input type="checkbox"/> Chronic GI problems |
| <input type="checkbox"/> Serene and balanced | |
| <input type="checkbox"/> Cares for others, good Mother/Parent | |

METAL (LUNG, small intestine)

- | | |
|---|--|
| <input type="checkbox"/> Obeys the rules | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Likes order and routine | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Quiet, aloof, self-contained | <input type="checkbox"/> Dry Cough or Respiratory Problems |
| <input type="checkbox"/> Independent, confident | <input type="checkbox"/> Nasal Congestion |
| <input type="checkbox"/> Good hair coat | |

WATER (KIDNEY, bladder)

- | | |
|---|---|
| <input type="checkbox"/> Watchful | <input type="checkbox"/> Fearful or Phobic |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Fear Biter |
| <input type="checkbox"/> Happy to be alone | <input type="checkbox"/> Withdrawn, Hides |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Kidney/Bladder Infections/Problems |
| <input type="checkbox"/> Careful or introverted | <input type="checkbox"/> Back/Disk Problems |
| | <input type="checkbox"/> Arthritis |

WOOD (LIVER, gall bladder)

- | | |
|---|---|
| <input type="checkbox"/> Decisive, confident or competitive | <input type="checkbox"/> Likes to be alpha |
| <input type="checkbox"/> Adapts to changing conditions | <input type="checkbox"/> Gets cranky/impatient easily |
| <input type="checkbox"/> Strong | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Fearless | <input type="checkbox"/> Possessive of food |
| <input type="checkbox"/> Athletic, nimble, good stamina | <input type="checkbox"/> Ear of eye infections |
| <input type="checkbox"/> Needs lots of exercise | <input type="checkbox"/> Smelly coat, hot spots |