INTEGRATIVE MEDICINE SPECIALTY SERVICE

13085 PERRY HWY WEXFORD, PA 15090

PHONE: 724-591-8393 FAX: 724-591-8399

EMAIL: integrativemed@shvh.vet

CHECK-IN INFORMATION

Owner Information:

Owner Name: ____ Date: ___________________________

Additional Owner(s): ____

Address: ____

City: ____ State: ________________ Zip Code: _________________________

Primary contact # ___________________________________ (Cell or Work or Home)

- Additional contact # ____
- Additional contact # ____
  - Please identify if these numbers are for additional owners/guardians)

Email Address: ____

Patient information:

Name __________________________ Species: Dog Cat Other _________________________

Breed: ___________________________ Color:______________________ Age/D.O.B.:_________________

Sex (please circle): Male Neutered Male Female Spayed Female

Veterinarian Information:

Additional Veterinarians/ Practices caring for your pet: ____
(Please identify if you do not wish all practices listed to be notified of the results of today's visit)

Presenting Complaint(s)

1.____

2.____

3. ____

4. ____

History Questions (circle one)

Voice/ Bark (any changes)- *Yes/ No*

Activity Level- *Increased/ Normal/ Decreased*

Sleep- *Difficulty falling asleep/ Difficulty staying asleep*

Temperature Preference- *Warm/ Cool/ No preference*

Surface Preference- *Soft/ Hard*

Food Intake- *Increased/ Normal/ Decreased*

Water Intake- *Increased/ Normal/ Decreased*

Fecal consistency- *Normal/ Abnormal*

Urination- *Normal/ Abnormal*

Vomiting- *Yes/ No*

Cough- *Yes/ No*

Stiffness- *Yes/ No*

Seizures- *Yes/ No*

Current Medication and/or Supplements:

Medication:________________Dosage/frequency:___________________Response:____________________

Medication:________________Dosage/frequency:___________________Response:____________________

Medication:________________Dosage/frequency:___________________Response:____________________

Medication:________________Dosage/frequency:___________________Response:____________________

Current Diet: ____

Previous Treatments: ____

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