

New Patient Information Form

Please fill out these forms as completely as possible. All information on this form is confidential and will not be released to third parties without your written consent. Please print.

Patient

Owner's full name		Dog's name	
Address			
City		State:	ZIP:
Dog's Date of birth		Age:	
Phone Numbers	Home:	Work:	Cell:
Email Address		May we use email to contact you? Y N	
Dog's Vet name		Phone	
Has your dog had acupuncture before?			
Has your dog taken Chinese herbs before?			
Who may we thank for referring you?			

Today's Visit

Today's Date	
Reason for today's visit?	
When did this condition start?	
Is it getting worse?	
How did it start?	
What seems to make it better?	
What seems to make it worse?	

Major Vet Visits	Year	Illness/Surgery	Name of Veterinarian	City & State
Most Recent				
Next Most Recent				
Third Most Recent				

Please list any medications your dog is currently taking:

Name of Drug	Dosage & Reason for taking it

Please list any herbs, vitamins and nutritional products your dog is taking:

Name of Herb or Product	Why is your dog taking this?

Who will be financially responsible for this account? How will you pay for services?

I have answered this questionnaire to the best of my recollection and knowledge, and I hereby request and consent to acupuncture treatments and other procedures associated with Traditional Oriental Medicine for my dog.

I understand that fees for treatment are due at time of service.

Date

Signature of Dog Owner

