



## Dr. Sandra Truli Springer, VMD | Truli Holistic Veterinary Services

House Call Ivy-League Medicine & Traditional Chinese Veterinary Medicine including Acupuncture

resources for further research: [www.VetVMD.com](http://www.VetVMD.com)

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telephone/fax: (877) 378-7854 or telephone/text: (813) 714-7863

### Sample Pre-Consultation Questionnaire

<b>Name:</b> Fluffy Smith	<b>Age/DOB:</b> approx 10 yr	<b>Exam Date:</b>
<b>Breed/Gender:</b> DSH FS	<b>TCVM Personality</b> 木(wood) 火(fire) 土(earth) 金(metal) 水(water) wood fire earth metal water	<b>Species:</b> <input checked="" type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/> Other
<b>Reason(s) for Consult:</b> crusty and itchy by ears		<b>Rx/Supplements:</b> omega fish oil 350 mg per day probiotics daily in food heartgard for cats monthly
<b>Food (list food type &amp; protein source)</b> dry food, chicken occ tunafish or canned fancy fish ocean fish flavor		
<b>Referring Veterinarian/ Previous Veterinarian(s):</b> Name, Phone# or email of each Dr Awesome (except my cat hates car rides) 555-5555		<b>Medical Highlights:</b> (surgery, hospitalizations, illnesses) teeth cleaning a few years ago hospitalized with abscess on back last year

#### "The Ten Questions"

<b>How's the Appetite?</b> <input checked="" type="checkbox"/> normal <input type="checkbox"/> poor <input type="checkbox"/> ravenous	<b>...Stool:</b> <input checked="" type="checkbox"/> normal <input type="checkbox"/> loose <input type="checkbox"/> watery <input type="checkbox"/> dry <input type="checkbox"/> constipation <input type="checkbox"/> bloody <input type="checkbox"/> mucous <input type="checkbox"/> malodorous	<b>Any Gas or Vomiting?</b> <input type="checkbox"/> none <input type="checkbox"/> frequent (daily) <input checked="" type="checkbox"/> sporadic (less than daily) <input type="checkbox"/> too much <input type="checkbox"/> little bits <input type="checkbox"/> yellow	<b>...Coughing?</b> <input checked="" type="checkbox"/> none <input type="checkbox"/> dry <input type="checkbox"/> wet <input type="checkbox"/> productive <input type="checkbox"/> worse @ night <input type="checkbox"/> worse @ day	<b>Is the Pet Thirsty?</b> <input checked="" type="checkbox"/> normal for them <input type="checkbox"/> decreased <input type="checkbox"/> increased <input type="checkbox"/> lg am't @ once <input type="checkbox"/> sips	<b>...Urination:</b> normal for them <input type="checkbox"/> lots @ once <input type="checkbox"/> small amounts <input type="checkbox"/> straining <input type="checkbox"/> malodorous <input type="checkbox"/> blood
<b>Preference for Cool or Warm Sleeping Spot(s)?</b> <input type="checkbox"/> normal <input checked="" type="checkbox"/> cool-seeking -tile, ac, fan, etc <input type="checkbox"/> warm-seeking -snuggles, covered,etc	<b>How's the sleep?</b> <input type="checkbox"/> normal <input type="checkbox"/> too much <input type="checkbox"/> too little <input checked="" type="checkbox"/> restless, wakes <input type="checkbox"/> dreams	<b>How's the Energy?</b> <input checked="" type="checkbox"/> normal <input type="checkbox"/> decreased <input type="checkbox"/> increased <input type="checkbox"/> tires easily	<b>...Emotional State?</b> <input type="checkbox"/> normal <input checked="" type="checkbox"/> disturbed <input type="checkbox"/> poor	<b>Behavior Issues?</b> <input checked="" type="checkbox"/> none <input type="checkbox"/> anxiety <input type="checkbox"/> storm phobia <input type="checkbox"/> noise phobia <input type="checkbox"/> fearful <input type="checkbox"/> startles easily <input type="checkbox"/> confused	<b>Is there Stiffness?</b> <input checked="" type="checkbox"/> none <input type="checkbox"/> w/cold <input type="checkbox"/> w/heat <input type="checkbox"/> w/damp <input type="checkbox"/> w/exercise <input type="checkbox"/> am worse <input type="checkbox"/> pm worse

**Other Observations You Would Like to Share?** I treated her with ear mite medicine I bought online, but it did not help