



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

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Pre-Consultation Questionnaire

Name:	Age/DOB:	Exam Date:
Breed/Gender:	TCVM Personality 木 火 土 金 水 wood fire earth metal water	Species: <input type="checkbox"/> Feline <input type="checkbox"/> Canine <input type="checkbox"/> Other
Reason(s) for Consult:		Rx/Supplements:
Food (list food type & protein source) <i>Ex: dry food, chicken</i>		
Referring Veterinarian/ Previous Veterinarian(s): Name, Phone# or email of each		Medical Highlights: (surgery, hospitalizations, illnesses)

"The Ten Questions"

How's the Appetite? <input type="checkbox"/> normal <input type="checkbox"/> poor <input type="checkbox"/> ravenous ...Voice? <input type="checkbox"/> no change <input type="checkbox"/> usually low <input type="checkbox"/> usually loud	...Stool: <input 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	Any Gas or Vomiting? <input type="checkbox"/> none <input type="checkbox"/> frequent (daily) <input type="checkbox"/> sporadic (less than daily) <input type="checkbox"/> too much <input type="checkbox"/> little bits <input type="checkbox"/> yellow	...Coughing? <input 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	Is the Pet Thirsty? <input type="checkbox"/> normal for them <input type="checkbox"/> decreased <input type="checkbox"/> increased <input type="checkbox"/> lg am't @ once <input type="checkbox"/> sips	...Urination: <input type="checkbox"/> 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
Preference for Cool or Warm Sleeping Spot(s)? <input type="checkbox"/> normal <input type="checkbox"/> cool-seeking -tile, ac, fan, etc <input type="checkbox"/> warm-seeking -snuggles, covered,etc	How's the sleep? <input type="checkbox"/> normal <input type="checkbox"/> too much <input type="checkbox"/> too little <input type="checkbox"/> restless, wakes <input type="checkbox"/> dreams	How's the Energy? <input type="checkbox"/> normal <input type="checkbox"/> decreased <input type="checkbox"/> increased <input type="checkbox"/> tires easily	...Emotional State? <input type="checkbox"/> normal <input type="checkbox"/> disturbed <input type="checkbox"/> poor	Behavior Issues? <input 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	Is there Stiffness? <input 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?