

Acupuncture Patient Record Visit Information



Personal Details

Your first name:	Your Surname:
Your postcode:	Your email:
Pet's name:	Pet's species/breed:

Major Complaint	
Current Medication	

- Preference:**
- Diet:**
- Thirst:**
- Appetite:**
- Faeces:**
- Urine:**
- Disease Duration:**
- Yang (Heat)**
- Shade or cool locations
 - Dry food, hot food
 - Thirsty
 - Good/ravenous
 - Dry Bloody
 - Short stream Bloody
 - Short

- Ying (cold)**
- Sun or warm locations
 - Cold food and drinks
 - Less thirsty
 - Picky/Finicky
 - Loose Diarrhoea
 - Long stream Incontinence
 - Long

Personality

Fire	
Normal	Abnormal
<input type="checkbox"/> Lively <input type="checkbox"/> Communicative <input type="checkbox"/> Very friendly <input type="checkbox"/> Affectionate <input type="checkbox"/> Loves to be petted <input type="checkbox"/> Centre of the party	<input type="checkbox"/> Insomnia <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Restless <input type="checkbox"/> Excess heat <input type="checkbox"/> Rapid heart rate <input type="checkbox"/> Heart problems

Wood	
Normal	Abnormal
<input type="checkbox"/> Decisive <input type="checkbox"/> Assertive <input type="checkbox"/> Confident <input type="checkbox"/> Strong <input type="checkbox"/> Impulsive <input type="checkbox"/> Athletic <input type="checkbox"/> Alpha animal	<input type="checkbox"/> Ligament problems <input type="checkbox"/> Liver problems <input type="checkbox"/> Red eyes <input type="checkbox"/> Angers easily <input type="checkbox"/> Ear problems <input type="checkbox"/> Nail problems <input type="checkbox"/> Footpad problems <input type="checkbox"/> Anal sac issues

Earth	
Normal	Abnormal
<input type="checkbox"/> Relaxed, laid back <input type="checkbox"/> Sociable <input type="checkbox"/> Round and large <input type="checkbox"/> Loyal <input type="checkbox"/> Serene and balanced <input type="checkbox"/> Cares for others (motherly)	<input type="checkbox"/> Diarrhoea <input type="checkbox"/> Constipation <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Vomits <input type="checkbox"/> Gum disease <input type="checkbox"/> Weak muscles <input type="checkbox"/> Overeats-obese <input type="checkbox"/> Worries

Water	
Normal	Abnormal
<input type="checkbox"/> Careful <input type="checkbox"/> Curious <input type="checkbox"/> Self-contained <input type="checkbox"/> Likes to hide <input type="checkbox"/> Meditative <input type="checkbox"/> Slow and consistent	<input type="checkbox"/> Rear weakness <input type="checkbox"/> Fearful <input type="checkbox"/> Bone and back issues <input type="checkbox"/> Urinary problems <input type="checkbox"/> Disturbed growth <input type="checkbox"/> Deafness <input type="checkbox"/> Reproductive problems

Metal	
Normal	Abnormal
<input type="checkbox"/> Loves order <input type="checkbox"/> Obeys the rules <input type="checkbox"/> Aloof <input type="checkbox"/> Symmetrical body <input type="checkbox"/> Disciplined attitude <input type="checkbox"/> Good hair/coat	<input type="checkbox"/> Asthma <input type="checkbox"/> Dry skin <input type="checkbox"/> Sinus problems <input type="checkbox"/> Breathing disorder <input type="checkbox"/> Nose problems <input type="checkbox"/> Cough