

**2008 Holistic Intake**

**Patient Name:** \_\_\_\_\_ **Family Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Chief Complaint:** \_\_\_\_\_

**Other Problems:** \_\_\_\_\_

**I. Physical History**

**Eye Issues:** Discharges (color, texture, amount) \_\_\_\_\_  
Vision changes: \_\_\_\_\_  
Lens health/cataracts: \_\_\_\_\_

**Ear Issues:** Discharges: \_\_\_\_\_  
Color/texture/odor: \_\_\_\_\_  
Hearing changes: \_\_\_\_\_

**Nose:** Discharges/color/frequency/seasonalities?: \_\_\_\_\_

**Throat:** Soreness, phlegm: \_\_\_\_\_

**Respiratory Issues:**  
Breathing (rough, moist, wheezing, snoring): \_\_\_\_\_  
Coughing (dry, moist, forceful, weak, hacking, seasonal, weather related): \_\_\_\_\_

**GastroIntestinal:**

Mouth: teeth, gums, salivation: \_\_\_\_\_

Appetite: amount, time, rate of eating: \_\_\_\_\_

Thirst: high/low/normal, small sips/tank up: \_\_\_\_\_

Vomiting: color, consistency, w/UDFP, mucous, timing (immediately after eating?), frequency, violence: \_\_\_\_\_

Stomach sounds: gurgling, gas: \_\_\_\_\_

Feces: normal/loose/diarrhea/constipation – \_\_\_\_\_  
mucous or blood in stools?: \_\_\_\_\_

straining?: \_\_\_\_\_

odor: strong?: \_\_\_\_\_

color: esp. very dark or very light (grey): \_\_\_\_\_

UDFP?: \_\_\_\_\_

Diet: Current diet: \_\_\_\_\_

How much?: \_\_\_\_\_

Food motivated? or indifferent?: \_\_\_\_\_

Eats slow/fast/in installments?: \_\_\_\_\_  
Any food preferences or aversions?: \_\_\_\_\_  
Sensitive to dietary changes?: \_\_\_\_\_  
Are dietary changes possible?: \_\_\_\_\_  
Could you provide home cooked meals?: \_\_\_\_\_  
Will she/he accept supplements in food?: \_\_\_\_\_

**Immunological HX:**

What vaccines have been given in the last year?: \_\_\_\_\_  
Has she/he ever had an adverse reaction to a vaccine?: \_\_\_\_\_  
Does she have a HX of skin problems?: \_\_\_\_\_

**Heart:**

HX of circulatory problems: \_\_\_\_\_  
Late sleeper or early riser? \_\_\_\_\_  
Energy level: \_\_\_\_\_  
Pacing/howling? \_\_\_\_\_  
Irratic behavior? \_\_\_\_\_

**Kidney/Urinary Bladder:**

Disorders/blood values: \_\_\_\_\_  
Cystitis: straining – \_\_\_\_\_  
                  blood in urine – \_\_\_\_\_  
                  crystals – \_\_\_\_\_  
Urination: frequent/infrequent - \_\_\_\_\_  
                  night time - \_\_\_\_\_  
Incontinence? what time of day? \_\_\_\_\_

**Bones/Muscles/Ligaments:**

Lameness location: \_\_\_\_\_  
                  pain vs. stiffness – \_\_\_\_\_  
First occurrence: \_\_\_\_\_  
Frequency of recurrences: \_\_\_\_\_  
Duration: \_\_\_\_\_  
Better with motion/rest: \_\_\_\_\_  
Worse with damp weather? \_\_\_\_\_  
                  cold weather? \_\_\_\_\_  
Fixed location or moving? \_\_\_\_\_  
Warm to touch or cool? \_\_\_\_\_

**Neurological Issues:**

HX of seizures? \_\_\_\_\_  
HX of neurological SX? \_\_\_\_\_  
Time of occurrence/recurrence? \_\_\_\_\_

**II. Personal/Family history**

How long has the Patient lived with you? \_\_\_\_\_

Are there other companion animals in the house? \_\_\_\_\_

\_\_\_\_\_

Are there other people in the house? \_\_\_\_\_

What is his/her home environment like? \_\_\_\_\_

Where does he/she rank among other household members (human and animal)? \_\_\_\_\_

\_\_\_\_\_

What is her/his personality like (dominant, submissive, passive, aggressive, etc)? \_\_\_\_\_

\_\_\_\_\_

Does her/his personality change when away from home? \_\_\_\_\_

Has she/he ever expressed any unusual aggression? \_\_\_\_\_

Is she/he obedient or stubborn? \_\_\_\_\_

Is she/he possessive? (toys, people, food, etc.) \_\_\_\_\_

How does she/he react to strangers (protective?)? \_\_\_\_\_

What emotional observations would you make about her/him? \_\_\_\_\_

\_\_\_\_\_

**III. General**

Does he/she like to lie in the sun or shade? \_\_\_\_\_

Where does he/she usually sleep? \_\_\_\_\_

In what position does he/she lie? \_\_\_\_\_

Does he/she prefer physical activity or a more sedentary life? \_\_\_\_\_

Is she/he on any medications? (list) \_\_\_\_\_

\_\_\_\_\_

Is she/he taking any supplements? (list) \_\_\_\_\_

\_\_\_\_\_

Is she/he affected by the weather? \_\_\_\_\_

How does she/he tell you she/he is ill?