Patient History

New patients at the Chi Animal Hospital

Please fill out the following to the best of your ability. The more information you provide, the more we can help! Don’t be shy or worry that you’re giving too much information! We will review it in more detail at the initial visit.

Please type in this form, save it to your computer, then email it back to us as a .doc, .docx, or .pdf attachment prior to your initial visit: hello@chiu.edu

If you’re unable, please print it out, record your answers, and drop it off at the Chi Animal Hospital front desk: 9650 W Hwy 318, Reddick FL 32686. We require the history form to be completed prior to arriving at your first appointment to make sure that we have all of the information necessary to make your first visit as productive as possible.

# Section 1: Basic patient and client information

Patient Name:

Breed if known:

Sex:

Spayed/Neutered?:

Date of birth (approximate ok):

Client Name:

Address:

Phone Number(s):

Ok to text?:

Email:

Regular Veterinarian (doctor’s name and clinic name):

Pet insurance:

# Section 2: History of problem

Reason for evaluation:

Include when applicable:

* Duration:
* Progression (worse, same, or better than when started):
* Frequency:
* Severity (e.g. itch scale 0-10, pain scale 0-10):
* Other veterinarian(s) visited for this condition. Please include doctor’s name, clinic name, and city and state if not local:

# Section 3: Basic History

Any vomiting, diarrhea, coughing, or sneezing? If yes, please explain. Include when it started; if it’s the same, better or worse than when it started; and how often it occurs:

Energy is normal, increased, or decreased:

Appetite is normal, increased, or decreased:

Water consumption is normal, increased, or decreased:

Urination is normal, increased, decreased, strains, leaks, urinates in inappropriate places:

Stool is normal, soft, has mucus, has blood, watery, foul odor, hard, dry, defecates in inappropriate places:

Other medical conditions/problems your pet has:

Current diet including treats and “people food”. Include brands, varieties, amounts, frequency fed:

Current medications. Include dose (mg), amount given, frequency, how long they’ve been on:

Current supplements/herbs. Include dose (mg), amount given, frequency, how long they’ve been on:

Please describe your pet’s daily activities and exercise:

Other pets in household:

If a cat, are they indoor, outdoor, or both?

Ever any adverse reactions to medications, supplements, or vaccinations? If yes, specify:

Any previous medical conditions or surgeries? If yes, specify:

Travel history outside of Florida:

How long have you had this pet?

# Section 4: TCVM History

## Temperature preferences:

Does your pet exhibit signs of being colder or hotter than they should be for the environment?

Does your pet prefer to be under the covers, on tile floor, on carpet/pet bed?

Does your pet follow the sun from room to room to lay in the sun?

Does your pet pant at night?

## Sleeping:

Does your pet actively dream (vocalize, kick? If so, how often:

Does your pet sleep through the night? If no, explain:

On average, how many hours per day does your pet sleep?

## Appetite:

Is your pet a picky eater? If so, explain:

What foods does your pet dislike?

Are there any foods that you know your pet can’t have? If yes, explain:

Does your pet eat grass?

Does your pet eat feces?

Does your pet eat other non-food items? If yes, explain:

## Constitution:

How does the pet respond to other pets in household (if applicable)?

Response to strangers?

Response to dogs/cats the pet doesn’t know?

Regimented? (ie – do they remind owner when it’s time for dinner, bedtime, walk time, etc)?

When the pet is stressed or in an unfamiliar situation, how do they respond? ie – do they run and hide or bark while backing up and hiding behind owner, bark and advance aggressively, bark and advance excitedly, could care less, vomit or have diarrhea, other (specify)?

# Section 5: Other concerns

Do you have any other concerns regarding your pet? If yes, explain:

# Section 6: Information about our services

Phone calls, texts, and email are monitored regularly Monday through Friday 9am-6pm. If you need immediate assistance outside of these hours, please call your regular veterinarian or visit [chi.hospital/emergency](https://chi.hospital/emergency) for our list of trusted partners.

Chi University trains other veterinarians throughout the world in TCVM. By being a client with the Chi Animal Hospital, you agree that veterinarians at the Chi Animal Hospital can use your pet’s likeness and relevant medical information in their teachings. Veterinarians at Chi never use personally identifiable information such as last name or client information. Photos and videos of your pet may be used. If you do not want your pet to participate in the teaching of other veterinarians, please state so here:

Thank you and we look forward to helping you keep your pets as healthy and happy as possible!