TCVM Patient Record

Date:

Owner Last Name: First Name:

Patient information

Patient Name:

Breed: DOB: Weight

Sex: F FS M MC

Address:

Telephone:

Email:

**Major Complaint:**

**History question:**

1. Preference: seek cool (concrete/tile) or warm (carpet)

2. Personality: Hyper, outgoing, confident, strong, quiet, timid, or less confident

3. Diet: Dry, hot (chicken, mutton, deer meat) or cold food (fish, tofu)

4. Thirst: Thirsty or less thirsty

5. Appetite: good/ravenous vs good/ finicky.

6. Feces: dry, bloody, smelly vs loose or diarrhea

7. Urine: short stream, bloody, smelly vs long stream or urine leakage

8. Mediations: Steroid vs antibiotic

9. Age: young vs old

10. Disease course: short vs long

11. Cough: dry, wet, loud, weak, worse at night or worse at daytime.

12. Sleep: too much, too little, wakes up at night.

13. Vomiting: much, little, frequency, and time

14. Stiffness: acute vs chronic; worse in morning vs night, worse after walk vs before; worse with damp? With cold? With heat?

15. Massage: dislike vs like.

**Personality questions:**

1. Interaction: bossy, very friendly, easy going, aloof, runs away

2. Reaction with stranger: attacks, wags tail warmly, slow reaction, doesn’t care, or runs away.

3. Level of Patience: yes or no.

4. How excitable: Not excitable, slow, easily, very excitable

5. Others: follows rules, insecure, laid-back, vocal, vs irritable.