

## **EQUINE ACUPUNCTURE PATIENT HISTORY**

PATIENT NAME: \_\_\_\_\_ OWNER NAME: \_\_\_\_\_  
SPECIES: EQUINE BREED: \_\_\_\_\_  
DOB or AGE: \_\_\_\_\_ SEX: MARE / STALLION / GELDING

### **I. What is your horses' main reason for seeking/needing acupuncture?**

- a. Health Problem(s), describe: \_\_\_\_\_
- b. General Wellness

### **II. If your horse was treated previously for this problem, please answer the following questions:**

- What diagnostics have been done and what were results? (ex. Bloodwork, X-rays)
- What treatments were utilized?
- Did the horse show any improvement? If so, please describe:
- Since your horse's last veterinary visit, is he/she: the same / better / worse

### **III. Please list to your best ability:**

- CURRENT MEDICATIONS:
- CURRENT HERBS AND/OR SUPPLEMENTS:
- CURRENT DIET:
- CURRENT EXERCISE REGIMEN:

### **IV. Traditional Chinese Medicine (TCM) history: (in each section, please answer or circle all that apply)**

#### **Energy and Well-Being:**

- Energy level in general – normal / reduced / increased
- Energy is highest – morning / afternoon / night / consistent
- Attitude/mood is best – morning / afternoon / evening / night / consistent
- My horse is: Outgoing / Shy / Aggressive
- My horse is: Happy / Content / Restless / Crabby / Depressed

#### **Mobility**

- Mobility level – normal / reduced / increased
- Mobility is best – morning / afternoon / evening / night / consistent
- My horse has a specific area that is weak or lame: yes / no

If "Yes," please circle all that apply:

Front right leg/Front left leg / Back right leg/Back left leg

- My horse has received joint injections – No / Yes, if "yes" which joints: \_\_\_\_\_

**Pain:**

My horse is in pain: Yes / No If Yes, How long? \_\_\_\_\_

If you answered "Yes," please complete the following regarding your pet's pain:

- Pain is \_\_\_/10 with 10 being the worst
- Is the pain in a specific area? No / Yes, where?: \_\_\_\_\_
- Better / worse after rest
- Better /Worse after exercise
- How does weather/temperature affect your horse's pain? \_\_\_\_\_
- Better in am/better in afternoon/better in evening/no time difference

**Nutrition/Digestion/ Urinary:**

- Appetite – normal/increased/decreased
- Stools – normal / soft/ diarrhea / hard and dry /constipation / incontinent
  - There is blood / mucous in the stool
  - Odor of stool – normal / strong / no odor
  - Does your horse have gas? Yes / No
- Thirst – normal/increased/decreased
- Water intake - Frequent small sips/large amounts at one time/ moderate
- Urine – normal/increased/decreased / Incontinent / Straining
  - Color of urine? Normal/clear/dark yellow
  - Odor of urine? Normal/no odor/strong odor

**Skin**

- My horse's hooves are: normal/ thin walled/difficult to keep shoes on/grow slowly
- **How often reshod or trimmed?** \_\_\_\_\_
- dry skin with large flakes / dry skin with small flakes
- Is your horse itchy? No / Yes
- If "Yes" please circle all that apply: sometimes / during day / at night / all the time, summer / winter
- Has your horse's hair coat changed? No / Yes, describe: \_\_\_\_\_

**Reproduction:**

- fertile / infertile / not applicable
- Describe any reproduction problems your horse has had:  
\_\_\_\_\_

**Respiration/breathing:**

- normal / coughs / has had a change in breathing, describe: \_\_\_\_\_

**Is there anything else we should know about your horse's health or emotional history?**