



# LIFETIME PET WELLNESS CENTER

**Lifetime Pet Wellness Center**

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## Initial Integrative Health Questionnaire

**\*\*\*While filling out, if your typing goes beyond the text box, please drop down to the next box.**

**Thank you.\*\*\***

Client: ezyVet Software Support

Patient name: Rover

First visit with this patient?: No Yes

What is the main issue that O would like to be addressed?

What is(are) the goal(s) of treatment?

How long has the situation been going on?

Significant historical events pertaining to issue?

Other past medical events/history:

Who will maintain your pet's wellness care? (If you were referred from another veterinarian, we request that you keep your pet's wellness with that veterinarian)

Diet types and durations:

Current diet and for how long?

Past diet types and how long?

Appetite low/medium/high/ravenous?

Trying to eat non-food items? What?

Supplements or medications:

Current supplements or drugs?

What heartworm or flea prevention?

Past supplements or drugs and their outcomes?

Temperature Preference:

Does pet like to lay in sun or shade?

Hate to go out when it is hot/get overheated easily?

Like to lay on cold tile or laminate floor?

Seeking softer spots to rest?

Areas on pet that feel hot to you?

Areas on pet that feel cold to you?

Personality:

Does pet get upset easily or is more grouchy than normal?

Prefer high energy or low energy surroundings?

Stress with change in routine?

Water, urine, and stool:

Water consumption more than usual, average, less than expected?

Stool quality- loose, mucoid, watery, very dry, bloody?

Urine quality and quantity?

Other:

Vomiting or diarrhea? What does it look like?

Coughing or sneezing?

Mouth or teeth issues?

Skin/ear issues?

Lumps/bumps?

Eye issues?

Condition worse with...

Activity/movement?

Laying around?

Change in weather/heat/cold/dampness?

Morning or evening?

Waking up at a particular time of night?

Sleeping okay? Lots of dreams?

Previous diagnoses:

What was pet diagnosed with if coming from another clinic?

PRINT NAME:

SIGNATURE: #WEBFORM-SIGNATURE#

Tech/Asst: