



BLEEM

FAMILY CHIROPRACTIC

Small Animal History Form

Patient Name: _____ Date: _____

Chief Complaint: _____

Feed/Diet: _____

Medications: _____

Supplements: _____

Appetite/thirst: Good: No Concerns Other: _____

Use/Job: _____ Activity Level: High Normal Low Increased Decreased

Allergies: No Known Allergies Other: _____

Pain Level: 0 1 2 3 4 5 6 7 8 9 10

Mental Status: Bright Alert Responsive Quiet Alert Responsive Minimally Responsive Dull Lethargic

Cautious Aggressive at Ease Happy Playful Sad Fearful Tense Disoriented

Sensitive Areas: Head Shoulders Hind Limbs Other: _____

Prior Chiropractic: _____

Years Owned Animal: _____ Last Vet Visit: _____

Current Wounds: Yes No Location: _____

Stiff when first wakes up: Yes No Stiffer on: Left Right

Systems Review: ALL Within Normal Limits

Eyes Normal Other: _____

Respiratory Normal Other: _____

Ears Normal Other: _____

Lymphatic Normal Other: _____

Nose Normal Other: _____

Abdomen Normal Other: _____

Skin Normal Other: _____

Neurological Normal Other: _____

Heart Normal Other: _____

Musculoskeletal Normal Other: _____

Digestive Normal Other: _____

Urinary Normal Other: _____

Mouth Normal Other: _____

Owner Signature