

NMC

**Natural Medicine Centre**

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PATIENT RECORD FORM

**Your Details**

Title....Mr/Mrs/Ms/Other

First Name

Surname

Address

Telephone number

Fax number

E mail address

**Your Pet's Details**

Name

Species ...Dog/Cat/Other

Breed

Sex

Colour

Year of birth

Age when neutered

Main health problem

**Your Vet's Details**

Name of practice

Address of practice

Telephone number

Fax number

E mail address

Please put a tick or cross next to any of the statements which apply to your pet in the following information sections.

**Information about your pet's medical history**

Are any of the following conditions present now, or have they been in the past?

Dry skin  
Abscesses  
Swollen glands  
Lumps or growths  
Liver disease  
Kidney disease  
Bladder disease  
Throat infections  
Dental trouble  
Back pain  
Arthritis  
Diabetes  
Anal gland trouble  
Fits  
cancer  
Paralysis  
Sinus trouble  
Ulcers  
Prostate disease  
Hernias  
Redness of eyes/nose/ears/lips  
Poor vision  
Going deaf  
Itchy ears  
Poor sense of smell  
Dry nose  
Nasal discharge  
Nose bleeds  
Dry lips  
Dandruff  
Dry cough  
Cough with mucus  
Chesty cough  
Loss of voice  
Weakened voice  
Sensitive skin  
Greasy skin/ears  
Cracked skin

Warts  
Scaly/peeling skin  
Itchy skin  
Legs/head twitch  
Swollen feet or legs  
Itchy feet  
Pain on urination  
Unpleasant smell to urine  
Sediment in urine  
Weak bladder  
Frequent urination  
Raw or sore genital area  
Sores or ulcers in mouth  
Dry mouth  
Excessive salivation  
Difficulty in swallowing  
Heart disease  
Poor circulation  
(For female pets)  
Lumps in mammary glands  
False pregnancy  
Itchy vulva  
Absence of seasons  
Heavy seasons  
Prolonged seasons  
Frequent seasons  
Discomfort during seasons  
Vaginal discharge  
Difficulty giving birth  
Difficulty feeding offspring  
Infertility

### **Information about your pet's existing symptoms**

Are the symptoms:

Worse in Autumn (Fall)  
Worse in Winter  
Worse in Spring  
Worse in Summer  
Worse in hot weather  
Worse in cold weather  
Worse in humid weather  
Worse at night  
Worse before midnight  
Worse after midnight  
Worse in mornings

Worse in afternoons  
Worse in evenings  
Worse intermittently  
Worse after sleep  
Better for sleep  
Worse with exercise  
Better with exercise  
Constantly changing  
On the right side of the body  
Going from right to left  
On the left side of the body  
Going from left to right  
Better for change of position  
Worse lying down  
Better lying down  
Worse lying on right side  
Worse lying on left side  
Worse when beginning to move  
Occurring slowly  
Occurring suddenly  
Better for heat  
Better for cold  
Worse for heat  
Worse for cold

### **Information about when the problem began**

Did the main problem begin:

After a vaccination  
After a shock  
After an injury  
After grief or bereavement  
After exposure to sun  
After treatment with prescription drugs  
After/during a season  
After/during a pregnancy

### **Information about your pet's physical type**

Does your pet tend to:

Be lethargic  
Be hyperactive  
Be underweight  
Be overweight  
Feel chilly

Feel hot  
Be sensitive to draughts  
Be sensitive to change in the weather  
Be worse in the open air  
Be better in the open air  
Like being covered by a blanket  
Hate being covered by a blanket  
Be very thirsty  
Have little thirst  
Be very hungry  
Be uninterested in food  
Vomit after food  
Have gurgling noises in stomach  
Suffer from 'wind'  
Love certain foods  
Hate certain foods  
Often have constipation  
Sometimes have constipation  
Have bouts of diarrhoea  
Have watery faeces  
Have lumpy faeces  
Have dry, hard faeces  
Have black, tarry faeces  
Pass blood with faeces  
Strain when passing faeces

### **Information about your pet's personality**

Does your pet tend to be:

Nervous  
Irritable  
Restless  
Better when alone  
Better in company  
Apprehensive  
Unwilling to be touched or stroked  
Not enjoying life  
Stubborn  
Destructive  
Hysterical  
Aggressive to other animals  
Very sensitive to pain  
Frightened by sudden or loud noises

## **Other information**

What is your pet's basic diet

What supplements (vitamins, minerals etc.) do you give regularly

Do you know of any similar symptoms in any close relative of your pet

Please note any other information you can think of

Where did you hear about Richard Allport or the Natural Medicine Centre?