



## Rehabilitation Intake Form

Client Name: \_\_\_\_\_ Client Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Current Wt: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Recent Diagnosis (if known): \_\_\_\_\_

Medications: \_\_\_\_\_

Supplements: \_\_\_\_\_

Current Diet (include amount per day and any extra treats): \_\_\_\_\_

Human Safety (are there any injuries or health concerns that may impact your ability to assist your pet's rehabilitation therapy?) \_\_\_\_\_

Who is your family veterinarian? \_\_\_\_\_ Date of last Rabies? \_\_\_\_\_

Please complete the questions on this form pertaining to your pet's comfort level and functional abilities. This will help us to monitor progress of your pet throughout the rehabilitation program.

### **Level of Comfort:** (circle one)

0 = No signs of pain during rest or activity

1 = Mild intermittent limping or soreness, no disruptions of daily activity

2 = Occasional limping or soreness, some disruptions of daily activity

3 = Frequent soreness throughout the day, constant disruptions of daily activity

4 = Inability to get comfortable during rest or during any daily activity

### **Daily Activities:**

1) What is your pet's favorite activity? \_\_\_\_\_

a. Is she/he able to play comfortably? \_\_\_\_\_

2) Have you noticed a change in your pet's desire for play? \_\_\_\_\_

3) Do you notice any limping, soreness or stiffness during or after play? \_\_\_\_\_

4) What time of day (if any) do you notice discomfort, stiffness or soreness in your pet? \_\_\_\_\_

5) Any changes in attitude/temperament? (please elaborate) \_\_\_\_\_



# Wholistic Paws Veterinary Services, LLC

Acupuncture, Rehabilitation, Hospice, and Euthanasia services in the comfort and dignity of your home.

**Comments or Concerns:** (What have you noticed as a change in your pet?) \_\_\_\_\_

**Functional Abilities: (circle one for each question)**

1 = easily and comfortably performs

2 = minimal difficulty; activity is performed slower but able to perform independently

3 = moderate difficulty, needs assistance at times, appears uncomfortable to perform

4 = not able to perform this activity; needs assistance 100% of time; appears very uncomfortable

5 = N/A

Able to position to urinate or defecate?	1	2	3	4	5
Able to change positions from lying to sitting or vice versa?	1	2	3	4	5
Able to change positions from sitting to standing or vice versa?	1	2	3	4	5
Able to lay on his/her side, then change position?	1	2	3	4	5
Able to scratch behind ears?	1	2	3	4	5
Able to stretch while standing or laying?	1	2	3	4	5
Able to negotiate flooring throughout the home?	1	2	3	4	5
Able to get in and out of the home?	1	2	3	4	5
Able to get on/off the couch or bed?	1	2	3	4	5
Able to get in and out of the car?	1	2	3	4	5



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Able to go upstairs?	1	2	3	4	5
Able to go down stairs?	1	2	3	4	5
Able to run?	1	2	3	4	5
Able to jump?	1	2	3	4	5
Able to stand while eating?	1	2	3	4	5

Practitioner Notes (for use during exam): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_