

Natural Health and Nutrition

Narelle Cooke

Accredited Clinical Naturopath and Nutritionist
BHSc (Nat). BAgSc(hons). AD Nat. AD Nut. AD WHM. MATMS.
425 Galston Rd, Dural, NSW, 2158
Ph: 0400 087 703 | E hello@naturalhealthandnutrition.com.au
W: www.naturalhealthandnutrition.com.au



NEW PATIENT PROFILE - DOG

Date:	How did you hear about me?
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OWNER CONTACT DETAILS

Name:	
Address:	
Mobile phone:	Other phone:
Email address:	

MEDICAL INFORMATION

Vet's name:	Contact number:
Clinic name & address:	

DOG DETAILS

Name:	Date of birth:
Breed:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed / neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Colour:	
Current weight:	Body condition score 1-5 (if known):
Has your dog recently lost or gained weight? Please explain.	
Is your dog housed: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Combination <input type="checkbox"/> Other	
Do you have other pets in the household? Please list details.	
How many other people live in your household? <input type="checkbox"/> Adults _____ <input type="checkbox"/> Children _____	
Are there any issues between your dog and other members of the household?	
Who feeds your dog?	

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HEALTH CONCERNS

Have you ever seen a Naturopath or Nutritionist before (for yourself or your dog)? If so, how long ago?

Were you satisfied with the results? If not, why?

What is your dog's main health concern and primary reason for seeking a consultation?

Please describe the onset of this health concern. What was going on in your dog's life at the time it started?

Under what conditions do your dog's current health problems get worse?

Under what conditions do your dog's current health problems improve?

What treatments have you tried so far for this problem?

Please list any health problems that your dog has suffered from previously but which are currently not active:

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CURRENT MEDICATIONS	DAILY DOSE	HOW LONG TAKEN?

PREVIOUS MEDICATIONS	DAILY DOSE	HOW LONG TAKEN?

HEALTH SUPPLEMENTS*	DAILY DOSE	HOW LONG TAKEN?

* Include all vitamins, minerals, herbal and nutritional preparations.

ALLERGIES / INTOLERANCES (includes drugs, supplements, foods, environmental)
Further details on type of reaction(s):

ACTIVITY
How active is your dog? <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High
What type of exercise does your dog do on a regular basis? (i.e. walks, runs, swimming, agility, other sporting)

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DIET

How many times do you feed your dog each day?

☐ Once ☐ Twice ☐ Three ☐ More than 3 ☐ Food is out all the time

Does your dog finish all food that is offered?

Does your dog have any difficulty:

Chewing ☐ Yes ☐ No **Swallowing** ☐ Yes ☐ No

Is your dog prone to vomiting? ☐ Yes ☐ No

Have you made any recent changes in your dog's diet? If yes, please explain:

Please describe your dog's normal stool

(e.g. well formed, soft, diarrhoea, hard pebbles, mucous, food particles, smell, colour etc)

Have you observed any recent changes in:

Urination	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appetite	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defecation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Activity level	<input type="checkbox"/> Yes <input type="checkbox"/> No

Details of changes:

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Please list below the name and amount of ALL foods that your dog is currently eating.

This includes: all fruits, vegetables, muscle meats, organ meats, bones, treats, snacks, other pet's food, table scraps etc. You can attach a separate sheet if easier.

[illegible]