

Makawao Veterinary Clinic

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New Patient Initial Evaluation Questionnaire

At MVC-Rehab, we strive to provide an individualized, tailored approach to the care of your pet. This “Patient-Centered Care” is a model in which the patient and caretaker play an important role in guiding the framework of therapy. We truly see therapy as a collaboration amongst you, your pet, and the therapy team. It is important for us to know your vision for medical care so that we can devise a treatment plan that will work best for you and your pet. To help achieve this goal, please fill out the this Questionnaire. As we see a variety of different cases, some questions may not be completely applicable to your pet (ex: post-op patient vs a senior dog with functional limitations) - if this is case, please just put “N/A.”

At the end of the survey (Part 10) is a validated, quantitative patient pain survey. Please ensure this is completed as well, as it will provide an objective foundation to your pet's current status that we can subsequently utilize for comparison after instituting interventions.

Part I: Chief Complaint Section

What is your pet’s biggest problem/your major concern?

How long has this concern been going on for?

Are symptoms and/or mobility getting worse, improving, or staying the same?

Have you noticed the following (mark “x” to all that apply)

- ☐ Changes in sleeping habits (more restless/can’t get comfortable)
- ☐ Altered postures when urinating/defecating
- ☐ Urinary/fecal accidents in house
- ☐ Behavioral changes (more aloof, irritability, decreased tolerance to touch)
- ☐ Changes in gait (bunny hopping, uneven stride)
- ☐ Difficulty when trying to lie down
- ☐ Slower when trying to get up
- ☐ Reluctance to jump UP (in car, on furniture)
- ☐ Difficulty climbing UP stairs
- ☐ Difficulty going DOWN stairs
- ☐ Change in tail position/wagging
- ☐ Reduced appetite
- ☐ Licking or chewing (paws, joints)

__ Changes in the sound of bark

Do you think your pet is in pain? __Y __N

If yes, how do you rate it on the a scale from 1-10 (10 = the worst) __

Do you think your pet is overweight? __Y __N

Part 2: Activities of Daily Life

Does your dog for daily walk? __Y __N How Long? ____ min

Dog your dog go to an official/unofficial dog park? __Y __N How frequently? ____

Does your dog attend daycare? __Y __N How frequently? ____

Do you have other dogs at home? __Y __N

Do you have stairs in your home? __Y __N

Do you have slick floors (hard wood/tile/laminate) in your home? __Y __N

Does your dog have access to a fenced yard? __Y __N

Part 3: Response to Rest/Activity

Does your dog's mobility improve with rest? __Y __N

Does your dog's mobility improve with regular exercise? __Y __N

Is your dog sore/stiff in the morning? __Y __N

Part 4: Current Medications and Supplements

Please list all current medications and supplements (over the counter or recommended). Please also include milligram strength and frequency of administration (ex: Carprofen 50mg twice a day):

Part 5: Response to Treatment

Have any of the following treatments been tried and did they help your dog's mobility or pain?

Medications (NSAID, other) __Helped __No Help __Can't Tell

Supplements __Helped __No Help __Can't Tell

Acupuncture __Helped __No Help __Can't Tell

Laser Therapy __Helped __No Help __Can't Tell

Surgery __Helped __No Help __Can't Tell

Other (please list): __Helped __No Help __Can't Tell

Part 6: Pet Fear, Anxiety, and Stress

Mark an "x" if a statement below applies to your dog:

- ☐ Is fearful/anxious about going to the veterinarian
- ☐ Is fearful/anxious about new places, in general
- ☐ Does NOT like other dogs
- ☐ Has been a dog or a person in the past

Part 7: Diet and Nutrition

Does your dog have any known food sensitivities or allergies?

Primary Diet and Brand (indicate if kibble, canned, fresh cooked, freeze dried, raw). Please include any toppers or “extras” that are added to meals.

How much of the above do you feed?

How many times/day do you feed?

Part 8: Goals

What are your rehabilitation goals for your dog? These can be short-term or long-term (ex: improve pain, regain ability to use legs, able to play at park without being sore, able to go for a walk without limping, participating in agility)

Part 9: Other

Do you have pet insurance? ☐ Y ☐ N

If yes, what company? _____

What are your scheduling preferences (morning/afternoon/evening; weekday/weekend)?

Part 10: Quantitative Patient Pain Evaluation

a) Rate your dog's attitude and/or mood:

- 0 (very alert)
- 1 (alert)
- 2 (neither alert nor disinterested)
- 4 (disinterested)
- 5 (very disinterested/lethargic)

Enter a number: ____

b) Rate your dog's willingness to participate in play or interact:

- 0 (very willing)
- 1 (willing)
- 2 (reluctant)
- 3 (very reluctant)
- 4 (does not participate or interact at all)

Enter a number: ____

c) Rate your dog's frequency in vocalization or discomfort behavior (audible whining, grunting, yelping, or unusual licking):

- 0 (never)
- 1 (hardly ever)
- 2 (sometimes)
- 3 (often)
- 4 (very often)

Enter a number: ____

d) Rate your dog's eagerness to walk:

- 0 (very eager)
- 1 (eager)
- 2 (reluctant)
- 3 (very reluctant)
- 4 (does not want to walk at all)

Enter a number: ____

e) Rate your dog's ability and/or willingness to walk up or down stairs:

- 0 (very willing/able)
- 1 (willing/able)
- 2 (reluctant)
- 3 (very reluctant)
- 4 (does not do stairs at all)

Enter a number: ____

f) Rate your dog's ability and/or willingness to jump (onto bed, couch, vehicle, etc):

- 0 (very willing/able)
- 1 (willing/able)
- 2 (reluctant)
- 3 (very reluctant)
- 4 (does not jump at all)

Enter a number: ____

g) Rate your dog's ability and/or willingness to run:

- 0 (very willing/able)
- 1 (willing/able)
- 2 (reluctant)
- 3 (very reluctant)
- 4 (does not run at all)

Enter a number: ____

h) Rate your dog's ease in lying down:

- 0 (very easy)
- 1 (easy)
- 2 (neither easy nor difficult)
- 3 (difficult)
- 4 (very difficult)

Enter a number: ____

i) Rate your dog's rising from a down position

- 0 (very easy)
- 1 (easy)
- 2 (neither easy nor difficult)
- 3 (difficult)
- 4 (very difficult)

Enter a number: ____

j) Rate your dog's ease of movement after a long rest:

0 (very easy)

1 (easy)

2 (neither easy nor difficult)

3 (difficult)

4 (very difficult)

Enter a number: ____

k) Rate your dog's ease of movement during and/or after exercise/walks (tired, dragging feet, scuffing nails, lying down)

0 (very easy)

1 (easy)

2 (neither easy nor difficult)

3 (difficult)

4 (very difficult)

Enter a number: ____