



The Sharon Winkler Osteopathic Practice

BSc (Hons) Osteopathy, PG Cert (Small animal rehabilitation therapy), Osteopathy for people and animals

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SMALL ANIMALS EVALUATION FORM

To ensure the best use of our time during your pet's first appointment, please complete the following new patient evaluation form prior to the appointment. You can either bring the completed form with you or email it back to us in advance at enquiries@sharonwinkler.co.uk. Thank you.

TODAY'S DATE:

YOUR NAME:

ADDRESS:

TEL. NO. (Mobile)

(Home)

EMAIL

YOUR PET'S NAME:

BREED:

SEX:

AGE:

COLOUR:

DATE OF BIRTH:

LENGTH OF OWNERSHIP:

INSURED:

YES

NO

NAME OF INSURER:

NAME OF VET:

VET ADDRESS
& CONTACT NO:

Please sign here to give your consent for the osteopath to examine and treat your pet. Please note that we will contact your veterinary surgery for your pet's clinical history. Thank you.

SIGNED:

DATE:

NOTE: If completing this form digitally, please leave the signature box blank to sign during your appointment.

All information you share with us will be treated as confidential. For further details on our privacy policy please see: sharonwinkler.co.uk/privacy or contact us at: enquiries@sharonwinkler.co.uk



9. What makes it better?

10. What makes it worse?

11. How have things progressed since the problem started?

12. Has your pet had any back, neck, joint or muscle problems before? **YES** **NO**

13. If so, when and how were they treated?

14. Was the treatment successful?



15. Has your pet been involved in any accidents/had any injuries? **YES** **NO**
(IF ANSWERING NO, PLEASE SKIP TO QUESTION 20, AND IF MORE THAN ONE INJURY HAS OCCURRED,
PLEASE INCLUDE DETAILS OF ALL EVENTS)

16. When did the accident/injury happen?

17. Was it witnessed? **YES** **NO**

18. Do you think your pet fully recovered from the accident/injury? **YES** **NO**

19. How soon after the causative event did the problem start?

20. Has your pet had any illnesses or operations? **YES** **NO**

21. If so, please provide details:



22. Has your pet had any of the following treatments before? **(PLEASE TICK ALL THAT APPLY):**

- a.** Osteopathy:
- b.** Physiotherapy:
- c.** Homeopathy:
- d.** Acupuncture:
- e.** Other:

23. If so, by whom?

24. Was it successful?

25. How does your pet currently cope with:

(1/2/3/4/5: 1 = VERY GOOD / 2 = FAIRLY GOOD / 3 = SOME DIFFICULTY / 4 = VERY DIFFICULT / 5 = CANNOT DO)

- | | 1 | 2 | 3 | 4 | 5 |
|--|----------|----------|----------|----------|----------|
| a. Standing to lying down | | | | | |
| b. Getting up from their bed first thing in the morning | | | | | |
| c. Transferring from lying down to sitting | | | | | |
| d. Sitting to standing | | | | | |
| e. Walking | | | | | |
| f. Going up and down steps | | | | | |
| g. Playing with other pets | | | | | |
| h. Being taken for exercise | | | | | |
| i. Getting in/out of cars | | | | | |



26. What method of restraint do you use (i.e. collar or harness)?

27. Is your pet currently taking any medication and/or supplements?

28. Please use this space if there's anything else you feel we should know about your pet:

Thank you for taking the time to complete this questionnaire.

We look forward to seeing you and your pet soon.