

Complementary Medicine and Rehabilitation Questionnaire



Circle City Veterinary Specialty and Emergency Hospital

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www.circlecityvets.com

Client Name: _____

Patient name: _____

Date: _____

Reason for rehabilitation referral:

Please rank the following questions by circling the corresponding number.

- 1- Not able to perform activity (needs assistance 100% of time, or cannot physically do this activity)
- 2- Moderate assistance to perform activity (needs assistance >50% of time)
- 3- Minimal assistance to perform activity (needs assistance <50% of time)
- 4- Independent with this activity (no assistance needed)
- 5- N/A

Able to maintain a standing position?	1	2	3	4	5
Able to position self to urinate?	1	2	3	4	5
Able to position self to defecate?	1	2	3	4	5
Able to transfer from lying down to sitting and vice versa?	1	2	3	4	5
Able to transfer from sitting to standing and vice versa?	1	2	3	4	5
Able to transfer from lying down to standing and vice versa?	1	2	3	4	5
Able to roll over?	1	2	3	4	5
Able to scratch behind ears?	1	2	3	4	5
Able to ascend stairs?	1	2	3	4	5
Able to descend stairs?	1	2	3	4	5
Able to walk up an incline or hill?	1	2	3	4	5
Able to get in and out of your car?	1	2	3	4	5
Able to get on/off couch or bed?	1	2	3	4	5
Able to run?	1	2	3	4	5
Able to jump?	1	2	3	4	5

Please answer the following by circling the corresponding answer for the past six months.

Has your pet experienced a weight change?	Increase	Decrease	No change
Has your pet experienced a change in endurance?	Increase	Decrease	No change
Has your pet experienced a change in play level?	Increase	Decrease	No change

Comments:

What type of exercise does your pet receive daily?
Does your pet go on daily walks? Yes No
If yes, what is the average length and time of daily walks?
Could your pet previously walk longer? Yes No Average distance/time previously?
What does your pet enjoy doing?
Has your pet been able to continue to do those activities? Yes No
Please elaborate:

Does your pet appear to be in pain? Yes No
If yes, what makes you think this?
Does your pet walk or trot with a lameness? Yes No
If yes, which leg?
Satisfaction with your pet's strength and ability at this time (please circle)? 1- beyond expectations 2- better than expected 3- what I expected 4- not as well as expected 5- disappointed

Are there any other illnesses or injuries known, other than the reason for the rehab referral?

Goals and expectations of rehab for your pet:

Thank you for completing the rehabilitation questionnaire.