



# BIRD Health HISTORY

Patient Name: \_\_\_\_\_ Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your address & phone number still correct?  Yes  No What is your current email ? \_\_\_\_\_  
 Does this pet have Medical Insurance?  Yes  No Can we email regarding your pet (no spam)? \_\_\_\_\_  
 Is your bird Microchipped?  Yes  No

Chief Complaint or Reason for Visit:

Current Medications/ Nutritional Supplements/ Vitamins and how often:

\_\_\_\_\_

DIET (brand and form): \_\_\_\_\_  
 Snacks/ People food  No  Yes \_\_\_\_\_

HOUSING Describe cage, bedding and types of "furniture":

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are other BIRDS housed with this patient?  Yes  No Who/ How many? \_\_\_\_\_  
 Are any of these pets affected?  Yes  No How many? \_\_\_\_\_

**EXERCISE**

- Cage only
- Confined area outside of cage  Only with supervision  Sometimes without supervision
- Freely roams the house

	Norm	Abnorm	Describe
Appetite			
Drinking			
Bowel Movements			
Urination			
	NO	YES	DESCRIBE (how often, for how long, where)
Diarrhea			
Coughing			
Sneezing			
Loud Breathing Noises			
Bad Breath			
Lumps / Bumps			
Excess Scratching			
Feather Loss/ Plucking			
Shaking Head			
Unusual Discharge			
Lameness/ Stiffness			

----- Office Use Only -----

Wt \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

Other Services needed today: \_\_\_\_\_

CSR \_\_\_\_\_

Tech \_\_\_\_\_