

Equine History & Health Intake Form

Prior to Acuscope & Myopulse Therapy

Owner Information:

- Name: _____
- Phone: _____
- Email: _____
- Barn/Facility Name: _____
- Trainer (if applicable): _____

Horse Information:

- Name: _____
- Age: _____
- Breed: _____
- Sex: ☐ Mare ☐ Gelding ☐ Stallion
- Discipline: _____
- How long have you owned this horse? _____
- Primary use: ☐ Pleasure ☐ Show ☐ Racing ☐ Rehabilitation ☐ Other:

Health & Medical History:

Has your horse had Acuscope/Myopulse therapy before? ☐ Yes ☐ No

If yes, when was the last session? _____

- Current or past injuries:
 - ☐ Tendon/Ligament strain
 - ☐ Joint issues (arthritis, OCD, etc.)
 - ☐ Muscle soreness/stiffness

☐ Back or SI pain

☐ Neurological conditions

☐ Hoof issues (laminitis, navicular, abscesses, etc.)

☐ Other (please describe): _____

Surgeries (dates and details): _____

- Does your horse have any implants, plates, or screws? ☐ Yes ☐ No

If yes, where? _____

- Current medications or supplements:

- Any history of ulcers or digestive issues? ☐ Yes ☐ No

- Vaccinations & deworming up to date? ☐ Yes ☐ No

- Current farrier schedule: Every _____ weeks

Behavior & Performance:

- Any behavioral concerns (bucking, rearing, head tossing, resistance, etc.)? ☐ Yes ☐ No

- If yes, describe: _____

- Has your horse's performance changed recently? ☐ Yes ☐ No

- If yes, explain: _____

- Any known sensitivity to touch or previous negative reactions to therapy? ☐ Yes ☐ No

Current Care Routine:

- Turnout schedule: ☐ Full-day ☐ Half-day ☐ Stall rest

- Exercise routine: ☐ Light ☐ Moderate ☐ Intense

- Level of training: ☐ Green/Unstarted ☐ In Training

☐ Finished/Competing ☐ Rehab/Coming Back to Work

- Other therapies used (chiropractic, massage, PEMF, laser, etc.):

Owner's Goals for Therapy:

What are you hoping to achieve with Acuscope/Myopulse therapy?

- ☐ Pain relief
- ☐ Faster healing from injury
- ☐ Improved performance
- ☐ Relaxation/stress relief
- ☐ Other: _____

Consent & Release:

I, _____ (owner/trainer), confirm that the above information is accurate to the best of my knowledge. I understand that Acuscope/Myopulse therapy is not a replacement for veterinary care and agree to notify my therapist of any changes in my horse's condition.

Signature: _____

Date: _____