



## ITM'S VETERINARIAN PRACTITIONER INFORMATION FORM

**IMPORTANT NOTE:** Please print and then fill out this form completely and accurately. It will serve as background information for responding to questions about your practice (essential for inclusion in our practitioner guide) and will be utilized in developing statistics about the practice of Chinese medicine. **Answer all questions on both sides;** please write clearly or type. Your listing in our practitioner reference guide is free. If there are several practitioners at one clinic, have one person fill out this form. Even though you may have filled out a previous form, we need this updated information to retain your listing. The practitioner reference *listing* (names, licenses, locations, phone numbers) is posted on ITM's website ([www.itmonline.org](http://www.itmonline.org)). ITM reserves the right to reject applications for inclusion on its list for any reason. By submitting this form, ITM will include you as a member of our organization, and there are no dues charged (by filling out the information and maintaining contact, \$30 annual dues are dismissed).

**Your name:** \_\_\_\_\_  
*include any credentials related to your practice (e.g., D.V.M., L.Ac.)*

**Clinic name:** \_\_\_\_\_  
**(if any), complete address (primary site), and primary contact information:**  
*(see reverse for listings of multiple practitioners or multiple sites)*

Clinic Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_; Website address: \_\_\_\_\_

**The school(s) where you received your professional training and received degrees/diplomas:**  
*(mention names of professional schools granting degrees)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Type of animal, size of animal, & specialties for which you have considerable experience:**  
*(list in order of priority)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Diagnostic methods (e.g., traditional Chinese, modern lab tests, etc.):**  
*(in approximate order of emphasis or frequency of use)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**What are the main therapeutic methods you employ? (modern medicine, acupuncture, Chinese herbs, Western herbs, specific techniques, etc.):**  
*(in approximate order of emphasis or frequency of use)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Years in practice (with licensing):** \_\_\_\_\_

**Fees for a typical office visit (if several fees apply, please list primary fees at bottom of page)**

**Initial visit fee:** \$ \_\_\_\_\_ **Typical duration:** \_\_\_\_\_ (minutes)

**Follow up visit fee:** \$ \_\_\_\_\_ **Typical duration:** \_\_\_\_\_ (minutes)

### MULTIPLE-PRACTITIONER FACILITIES

Names of individuals working in the same clinic; include their medical licensing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### SURVEY QUESTIONS

What is the most frequently used forms of herb prescriptions; list in order of frequency, items such as teas, patent pills, capsules, tablets, tinctures, granules, others (specify; do not include homeopathics in this section):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

About how many professional books on Chinese medicine are in your library? \_\_\_\_\_

About how many journals about Chinese medicine do you subscribe to? \_\_\_\_\_

Please list journals: \_\_\_\_\_

\_\_\_\_\_

How many hours of continuing education do you attend in a year? \_\_\_\_\_

Are you familiar with the ITM website and the availability of its articles and availability of the ITM Director for consultations? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

**THANKS FOR FILLING OUT THIS FORM. FEEL FREE TO ATTACH COMMENTS AND ADDITIONAL INFORMATION. MAIL TO:**

**ITM**

**2017 SE Hawthorne  
Portland, OR 97214**

**OR FAX TO:  
503-233-1017**