

Demographics and History

Record ID

Age

Gender

- Female
- Male

Race

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African-American
- White
- More than one race
- Other

Race - Other

Hispanic or Latino origin?

- Yes
- No

Employment status

- Employed at a job, full-time
- Employed at a job, part-time
- Homemaker, not currently working for pay
- Not currently employed, retired
- Not currently employed, not retired

Marital Status

- Single
- Married
- Separated
- Divorced
- Widowed

What is the highest level of education that you completed?

- Some High School
- High School
- GED
- Some College
- Graduated College
- Graduate/Professional School

Medical History

- None
- Asthma
- COPD
- Smoker
- Coronary Artery Disease (CAD)
- Diabetes Mellitus
- Hypertension
- Prior stroke
- Chronic kidney disease
- Hyperlipidemia
- HIV
- Other

Medical History - Other

Psychiatric History

- ADHD
- Anxiety
- Bipolar Disorder
- Borderline Personality Disorder
- Depression
- Schizophrenia
- Other

Psychiatric History - Other

ED Data

Group Dog No Dog

Time of verbal consent _____

Chief Complaint _____

Provider Name _____

Provider Status Attending Resident Advanced Practitioner

Vital Signs

Temperature (C) _____

Heart Rate _____

Respiratory Rate _____

SpO2 _____

Systolic BP _____

Diastolic BP _____

Medication

Medication Name _____

Time _____

Dose _____

Route of administration _____

Additional med? Yes No

Medication Name _____

Time _____

Dose _____

Route of administration _____

Additional med? Yes No

Medication Name _____

Time _____

Dose _____

Route of administration _____

Additional med? Yes
 No

Medication Name _____

Time _____

Dose _____

Route of administration _____

Additional med? Yes
 No

Medication Name _____

Time _____

Dose _____

Route of administration _____

Pain/Depression/Anxiety Data

Timepoint

- Baseline (T0)
- T1

Time Scales Administered

Time dog exits room

Pain Scale



Provider

Pain rating based on image above

0 10

(Place a mark on the scale above)

Patient

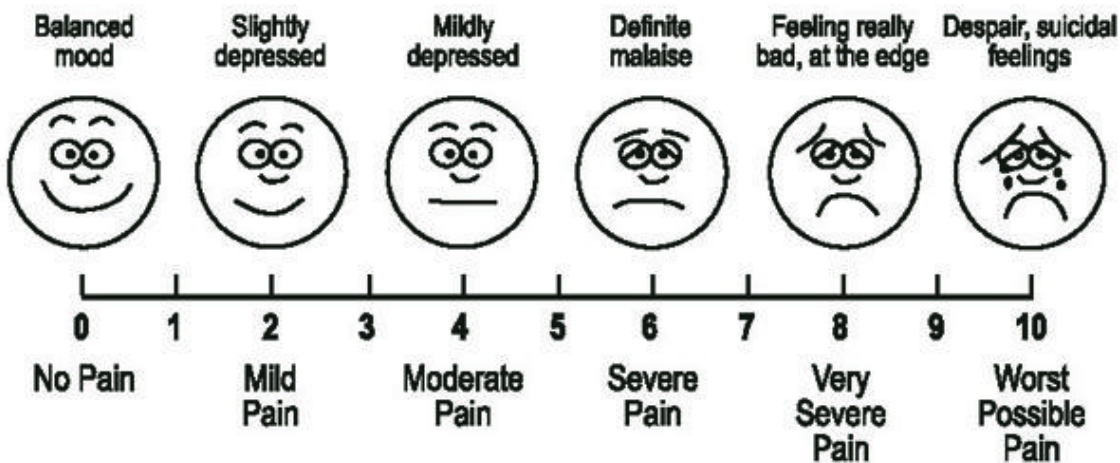
Pain rating based on image above

0 10

(Place a mark on the scale above)

Depression Rating Scale

Depression Rating Scale



Provider

Depression rating based on image above

0 10

(Place a mark on the scale above)

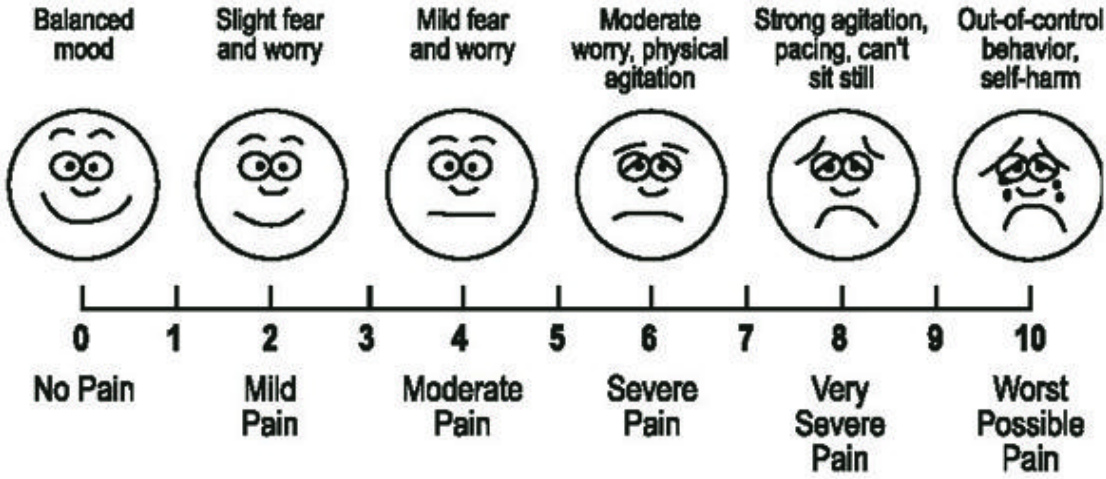
Patient
Depression rating based on image above

0 10

(Place a mark on the scale above)

Anxiety Rating Scale

Anxiety Rating Scale



Provider
Anxiety rating based on image above

0 10

(Place a mark on the scale above)

Patient
Anxiety rating based on image above

0 10

(Place a mark on the scale above)

Time dog enters room
