

Date: _____

Name: _____

Sex: Male Female

Date of birth: _____

Age: _____

Address: _____ Apt. _____ City _____ Zip: _____ State _____

Phone: Mobile: _____ Work: _____

Email: _____ Home: _____

Occupation: _____

Marital status: Single Married no children Married with children

Referred by: Friend/family (name) _____ Internet other _____

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What is your primary complaint? _____

How long have you had this condition? _____ The onset was Sudden Acute

Symptoms aggravated by _____ Symptoms relieved by _____

What is your secondary complaint? _____

What medical diagnosis have you received? _____

What medications are you currently taking? Please specify for what conditions each medication you are taking. Please also list herbs, vitamins and minerals you take even if you take them only occasionally.

Are you currently being treated by other health care providers?

Medical doctor (MD) Chiropractor (DC) Naturopath doctor (ND)

Physical therapist (PT) Acupuncturist (L.Ac.) Herbalist

Other healing practice _____

Have you experienced acupuncture before? Yes No

Have you been infected to any of the following?

HIV/AIDS Hepatitis () TB
 Sexually transmitted disease: Gonorrhea – Chlamydia – Syphilis – HPV – Genital Warts – Herpes I (oral) – Herpes II (genital) – others () Other infectious disease

Birth: Anything significant about your birth? _____

Vaccination History: Any reaction that you remember? _____

Health History: Any surgery or accidents? Please list in chronological order and indicate the length of illness or injury.

Age : _____

Age : _____

Age : _____

Age : _____

Age : _____

Family History: Please note major illnesses in your close family, such as, diabetes, heart disease, blood pressure, neurological disorders, psychological disorders, blood disorders, orthopedic disorders, etc.

Father: _____

Mother: _____

Siblings: _____

Grandparents: _____

Symptoms: Please **CIRCLE** any symptom that you have currently experiencing and **UNDERLINE** any symptom that you have experienced in the past.

General: excessive stress – exhaustion – chronic fatigue – insomnia – difficult in falling asleep – waking up in the middle of night – lots of dreams – during sleep – dream-disturbed sleep – difficult in going back to sleep – night sweating – spontaneous sweating – hormonal imbalance – poor memory – cold hands & feet – anemia – allergy – food allergy – sinus infections

Psycho-emotional: depression – anxiety – panic attack – palpitations – mood swing – restlessness – emotional eating – eating disorders (anorexia, bulimia, binge eating) - anger – irritable – lack of joy – worry – over-thinking – sadness/grief – fear – attention deficit disorder (ADD) – obsessive compulsive disorder (OCD) – difficult to concentrate – scattered mind – feeling spacey – other ()

Respiratory: cough – asthma – bronchitis – shortness of breath – wheezing – phlegm – coughing up blood – heaviness in the chest – pneumonia – other ()

Cardiovascular: high blood pressure – low blood pressure – rapid heart beat (over 100 beats/minute) – slow beat (lower than 60 beats/minute) – irregular pulse – palpitations – pain or pressure in the chest – poor circulation – heart attack – other ()

Gastrointestinal: poor appetite – indigestion – stomach pain– excessive hunger - nausea – vomiting – gas – bloating – hiccups – acid regurgitation – sugar craving – irritable bowel syndrome – bad breath – diarrhea – constipation – stool with blood/mucus – hemorrhoids – Liver/Gall Bladder disorder – other ()

Neurological: seizures – tremors – numbness/tingling – paralysis – poor coordination Parkinson’s disease – Carpal Tunnel Syndrome – other ()

Genito-urinary: pain on urination – frequent urination – urgent urination – blood in urine – incontinence – incomplete urination – bedwetting – urinary tract infections – kidney stones – glomerulonephritis – low libido – increased libido – impotence – premature ejaculation – nocturnal emission – pain/itching in genitalia – lumps in testicles – enlarged prostate – other ()

Gynecology: Short cycle – long cycle – irregular cycle – painful menstruation – heavy menstruation – cramps – clots – dark blood – light blood – uterine bleeding – fibroids – endometriosis – pre-menstrual symptoms (PMS) – vaginal discharge (color: , thickness:) – yeast infection – miscarriage – abortion – breast tenderness – pre-menopausal symptoms – menopause – birth control pills – other ()

Musculoskeletal: joint pain – sore muscles- weak muscles – difficult walking – neck/shoulder pain – upper back pain – lower back pain – rib pain – limited range of motion – sciatica – spinal disorder () – arthritis – connective/ligament disease – myofascitis – tendonitis – knee ligaments – other ()

Skin & hair: eczema – hives – psoriasis – atopic dermatitis – rashes – acne – dry skin – easily bruised – moles/lumps – red face – face flushes – unusual sweating – hair loss – thinning hair – other ()

Head & Neck: Headaches – migraine – dizziness – light headed – fainting – swollen glands – other ()

Ear, nose and throat: deafness – tinnitus (ringing ear) – vertigo – itchy ear – ear pain – ear infections – hearing loss – sinus headache – yellow mucous – stuffy nose – post-nasal drop – dry throat – itchy throat – constant sinus congestion – strep throat – sore throat – strep throat – other ()

Oral: gum bleeding – periodontitis (gum disease) dental abscess – mumps – stomatitis (inflammation of the mouth) – TMJ – toothache without cavities – other ()

Eye: blurred vision – poor night vision – double vision – eye inflammation – sports/floaters– glaucoma – cataracts – other ()

Endocrinary: hyperthyroid – hypothyroid– hypoglycemia – diabetes – others ()

Autoimmune and inflammatory diseases: Hashimoto’s disease – rheumatism – systemic lupus – erythmatosus – colitis – crohn’s disease– Raynaud’s Disease – fibromyalgia – gout – immune deficiency – lyme’s disease – others ()

Substances and drugs: cigarette – tobacco – alcohol– marijuana – cocaine – others ()

Other symptoms or diseases: _____

Please shade in the location of your conditions, such as pain.

