

Patient Information

Name: _____

Date: _____

Address: _____

Phone: _____

Gender: _____

Birth Date: _____

Age: _____

Email address (optional) _____

Referred here by: _____

Emergency Contact: _____ Telephone #: _____

Relationship: _____

Have you ever had acupuncture before? Y / N

What health issue(s) would you like to be addressed? _____

Are you presently being treating for any medical conditions? Please describe. _____

Please briefly describe any chronic pain. _____

What treatment have you been using for relief of this pain? _____

Do you have other health concerns? _____

Are you a vegetarian / vegan? Y / N

Do you drink coffee? Y Frequency _____ N

Please list any food or drug allergies: _____

Do you exercise regularly? Y Type of exercise _____ N

Please list any vitamins, herbs, or medications you are currently taking: _____

Previous Pregnancies

Living _____ Ectopic _____ Miscarriages _____ Induced Abortions _____ Total _____

Head and Neck

Past current

- Blurred vision
- Visual changes
- Poor night vision
- Visual spots
- Cataracts
- Eye discharge
- Nose bleeds
- Sinus infection
- Nasal allergies
- Sore throat
- Swollen glands
- Teeth grinding
- Ear infection
- Ringing of ears
- Poor hearing

Gastro-Intestinal

Past current

- Bad breath
- Belching
- Nausea
- Vomiting
- Indigestion
- Pain/cramps
- Gas/bloating
- Gallbladder disorder
- Constipation
- Hemorrhoids
- Rectal Pain
- Diarrhea
- Bloody stools

Cardiovascular

Past current

- High blood pressure
- Low blood pressure
- Dizziness
- Fainting
- Blood clots
- Palpitations
- Chest Pain
- Irreg. heart beat
- Edema
- Valve prolapse
- Pacemaker

Respiratory

Past current

- Asthma
- Bronchitis
- Frequent colds
- Pneumonia
- Cough
- Short of breath
- COPD
- Tuberculosis

Genito-Urinary

Past current

- Painful urination
- Frequent urination
- Bloody urine
- Urgency
- Frequent UTI
- Kidney stones
- Kidney disease
- Leaky bladder

Ortho-Neuromuscular

Past current

- Pain/tightness
- Numbness
- Seizures
- Tremors
- Paralysis

Skin

Past current

- Rashes/hives
- Itching
- Dryness
- Eczema
- Psoriasis
- Acne
- Tumors/lumps

Use history

Past current

- Tobacco
- Marijuana
- Alcohol
- Cocaine/crack
- Speed
- Heroin
- Pain meds

Female

Past current

- Vaginal infection
- Genital pain/itch
- Genital lesions
- Genital discharge
- PID
- Abnormal PAP
- Irregular menses
- Painful menses
- PMS
- Abnormal bleeding
- Breast lumps

Male

- Genital lesions
- Genital pain/itch
- Genital discharge
- Impotence

Psychological

Past current

- Depression
- Anxiety
- Insomnia
- Bipolar disorder
- Stress
- Irritability
- Substance abuse
- Eating disorder
- Sexual abuse
- Physical abuse

Positive Test Results for:

Past current

- HIV
- Hepatitis
- Gonorrhea
- Syphilis
- Genital warts
- Herpes