Medical History Form

Name:	Jame:		SS#:		Birthdate://	
Address:Home Phone:		City: Work Phone:		State: Zip: Occupation:		ip:
Home Phone:		work Phone:		Occ	ираноп:	
Marital Status:		$\Box M \Box F$	Ht:	Wt:	Age:	
Emergency Contact Treating Physician: Referred By:	Name & Phone#:	Physic	cian Phone#:			
Have you ever had a	acupuncture before?	$\Box Y \Box N$	Chinese Herl	bal Medicine	$? \square Y \square N$	
How long have you what makes it better	had this condition?_ ^?					
Family Medical	History					
☐ Allergies	□ Arteriosclerosis □ Asthma				Disease	□ Seizures □ Stroke
	\Box Arthritis	∐High Bi	lood Pressure	□ Goitei	*	$\Box Alcoholism$
Your Medical Hi	story					
\Box Aids/HIV	$\Box D$ iabetes	\Box Multipl	\square Multiple Sclerosis		ry (list)	$\Box Tuberculosis$
\Box Alcoholism	\Box Emphysema	\square Mumps				
\Box Allergies	\Box <i>Epilepsy</i>		□Pacemaker			\Box Ulcers
\Box Appendicitis		\Box Pleurisy				_ ***
☐ Arteriosclerosis	□ Gout	□Pneumonia		•		rs 🗆 Whooping
\Box Asthma	☐ Heart Disease	$\Box Polio$		□ Major Trauma □ Other		
☐ Birth Trauma	· F			(car, fal	l, etclist)	
(Your own birth)	□ Herpes		□ Scarlet Fever			
☐ Cancer ☐ Chicken Pox	☐ High Blood Pres					
	□Measles	□ Siroke				
Your Diet Appetite						
$\Box Low$	\Box Coffee	\Box A rtificial		\Box Sugar		\Box thirsts for
\Box High	□ Soft Drinks	ŭ	sweetener		food	water per day
Average Daily M	enu					
Morning	Snack	Noon		Snack		Evening
Pharmaceuticals tak	ken in last 2 months: ts taken in last 2 mo	nths:				
		-				
Your Lifestyle ☐ Alcohol ☐ Tobacco	□Marijuana □Drugs	□Stress □Occupa	utional Health	□ Regul Type:	ar Exercise	?

Poor appetite Poor sleep Bodily heaviness Chills Files easily Like would arise Poor circulation Fatigue Shortness of breath Phoor circulation Neeringoldiziness Peculiar taste Like cold drink Fever Poor circulation Neeringoldiziness Peculiar taste Like cold drink Fever Poor circulation Neeringoldiziness Peculiar taste Like cold drink Fever Poor circulation Neeringoldiziness Peculiar taste Poor terming Poor term	General Symptoms				
Company Comp	$\Box Poor$ appetite	\Box Poor sleep	\Box Bodily heaviness	\Box Chills	\Box Bleed easily
Fatigue	\Box Heavy appetite	\Box Heavy sleep	\square Cold hands/feet	\Box Night sweats	\Box Peculiar taste
Recent weight loss/gain	\Box Like cold drink	$\Box Fever$	\Box Poor circulation	\Box Sweat easily	\Box Like hot drinks
Head, Eyes, Ears, Nose, Throat Glasses Likight blindness L	$\Box Fatigue$	\Box Shortness of breath	\Box Muscle cramps	□ Vertigo/dizziness	\Box Lack of strength
Glasses Night blindness Sores Sore throat Headaches Eye pain Glaucoma IDry mouth ISvollen glands II. Lump in throat Eye pain Cataracts Excessive saliva Sinus problems Glaucoms II. Chy eyes Grinding teeth Ringing in ears Concussions Poor hearing Floaters Earaches TMJ Facial pain Concussions Poor hearing Difficulty breathing Itightness in chest when lying down Asthma/wheezing II. Chy Difficulty breathing Itightness in chest when lying down Asthma/wheezing II. Chy II. Cardiovuscular II. Chy II. Cardiovuscular II. Chy II. Cardiovuscular II. Chy II. Cardiovuscular III. Chy II. Cardiovuscular III. Chy III. Cardiovuscular III. Chy III. Cardiovuscular III. Chy III. Chy III. Cardiovuscular III. Chy	☐ Recent weight loss/{	gain	□ Dream disturbed sle	гер	
Eye strain	Head, Eyes, Ears, No	ose, Throat			
Excessive saliva Sinus problems Migraines Red eyes Teeth problems Excessive phtems Nose bleeds Gum problems Elichy eyes Grinding teeth Ringing in ears Concussions Poor hearing Floaters Enlarged thyroid Ritured vision Respiratory Difficulty breathing dightness in chest when hying down Asthmaf/wheezing Hope blood pressure Low blood pressure Chest pain Tachycardia Phlebitis Ringing in ears Phlebitis Respiratory Difficulty breathing Ringing in ears Cough Color of Phlegm Coughing blood Preumonia Phlebitis Ringing in ears Phlebitis	\Box Glasses	\Box Night blindness	\Box Sores	\Box Sore throat	\Box Headaches
Red eyes	\Box Eye strain	\Box G l $aucoma$	$\Box Dry mouth$	\square Swollen glands	$\Box L$ ump in throat
Tlchy eyes	\Box Eye pain	\Box Cataracts	\Box Excessive saliva	\square Sinus problems	\Box Migraines
Floaters	\Box Red eyes	\Box Teeth problems	\Box Excessive phlegm	\Box Nose bleeds	□ Gum problems
Respiratory	\Box Itchy eyes	☐ Grinding teeth	\Box Ringing in ears	\Box Concussions	\Box Poor hearing
Respiratory Difficulty breathing tightness in chest when lying down Asthma/wheezing wet when lying down Asthma/wheezing wet wet Pneumonia Pneumonia	$\Box Floaters$	\Box Earaches	$\Box TMJ$	\Box Facial pain	\Box Lumps in throat
Difficulty breathing Itightness in chest when lying down Asthma/wheezing Iwet	$\square Poor\ vision$	\Box Enlarged thyroid	\Box Blurred vision	-	-
Difficulty breathing Itightness in chest when lying down Asthma/wheezing Iwet	Respiratory				
when lying down Asthma/wheezing Jwet Jrittability Attempt/consider surcide July J	-	\Box tightness in chest	□ Cough	☐ Color of Phlegm	☐ Coughing blood
Shortness of breath			•	<i>y</i> 8	
Cardiovascular High blood pressure Low blood pressure Chest pain Tachycardia Phlebitis Blood clots Fainting Difficulty breathing Heart palpitations Urregular heartbeat	, 0	0			
High blood pressure Low blood pressure Chest pain Tachycardia Phlebitis Blood clots Fainting Difficulty breathing Heart palpitations Irregular heartbeat			·		
Blood clots		e∏Low blood pressure	P □ Chest nain	□ Tachvcardia	□ Phlehitis
Gastrointestinal		•	•	•	
Nausea		_1 ummg	Bijjieuity oreaining	= 11cart parpitations	= 111 eguiar neartocar
Constipation		□ Diamboa	□ Vomiting	Dowal manamanta	
Acid regurgitation					
Black stool	•	•	•	· · · · · · · · · · · · · · · · · · ·	
Hiccups	~ ~				
Musculoskeletal Neck/shoulder pain Deper back pain Rib pain Rib pain Dimited use		•	-		
Neck/shoulder pain Upper back pain Joint pain Ilmited range of motion Muscle pain Lower back pain Rib pain Ilmited use	1	□ bloating	□ Mucous in stoot	□ baa breain	
Muscle pain			_ •		
Skin and Hair Rashes	•		•	~ .	otion
□ Rashes □ Eczema □ Dandruff □ Hives □ Itching □ Fungal infections □ Ulcerations □ Hair loss Neuropsychological □ Seizures □ Poor memory □ Irritability □ Attempt/consider suicide □ Numbness □ Depression □ Easily stressed □ Tics □ Anxiety □ Abuse survivor □ Seeing a therapist □ Other Genital-urinary □ Pain urinating □ Blood in urine □ Venereal disease □ Kidney stone □ Increased libido □ Frequent urination □ Incontinence □ Bed wetting □ Wake to urinate □ Decreased libido □ Urgent urination □ Nocturnal emission □ Premature ejaculation □ Impotence Gynecology □ Age menstrual cycle □ Duration of flow □ Vaginal discharge □ Breast lumps □ Date of last PAP began □ Color □ Premature □ Date of last period □ Irregular periods □ Vaginal odor □ Premature □ Date of last period □ Irregular periods □ Vaginal odor □ Premature □ Date of last period □ PAMS □ Clots Age at meno	∐ Muscle pain	∐Lower back pain	∐Rib pain	∐limited use	
Fungal infections	Skin and Hair				
Neuropsychological Seizures Poor memory Irritability Attempt/consider suicide Numbness Depression Easily stressed Tics Anxiety Abuse survivor Seeing a therapist Other	\Box Rashes	\Box Eczema	$\square D$ andruff	\Box <i>Hives</i>	\Box Itching
Seizures □ Poor memory □ Irritability □ Attempt/consider suicide □ Numbness □ Depression □ Easily stressed □ Tics □ Anxiety □ Abuse survivor □ Seeing a therapist □ Other	\Box Fungal infections	\square Ulcerations	□ Hair loss		
Seizures □ Poor memory □ Irritability □ Attempt/consider suicide □ Numbness □ Depression □ Easily stressed □ Tics □ Anxiety □ Abuse survivor □ Seeing a therapist □ Other	Neuropsychological				
□ Numbness □ Depression □ Easily stressed □ Tics □ Anxiety □ Abuse survivor □ Seeing a therapist □ Other		$\Box Poor\ memorv$	\Box Irritability	□ Attempt/consider si	ıicide
□ Anxiety □ Abuse survivor □ Seeing a therapist □ Other		•	•	•	
Genital-urinary □ Pain urinating □ Blood in urine □ Venereal disease □ Kidney stone □ Increased libido □ Frequent urination □ Incontinence □ Bed wetting □ Wake to urinate □ Decreased libido □ Urgent urination □ Nocturnal emission □ Premature ejaculation □ Impotence Gynecology □ Age menstrual cycle □ Duration of flow □ Vaginal discharge □ Breast lumps □ Date of last PAP began □ color □ # pregnancies □ Date of last PAP □ length of cycle □ Painful periods □ Vaginal sores # live births □ Date of last period □ Irregular periods □ Vaginal odor □ Premature □ □ Date of last period □ Irregular periods □ Vaginal odor □ Premature □ □ Date of last period □ Irregular periods □ Vaginal odor □ Premature □ □ Date of last period	\Box Anxiety	•	•	□ Other	
□ Pain urinating □ Blood in urine □ Venereal disease □ Kidney stone □ Increased libido □ Frequent urination □ Incontinence □ Bed wetting □ Wake to urinate □ Decreased libido □ Urgent urination □ Nocturnal emission □ Premature ejaculation □ Impotence Gynecology □ Age menstrual cycle □ Duration of flow □ Vaginal discharge □ Breast lumps □ Date of last PAP began color # pregnancies □ length of cycle □ Painful periods □ Vaginal sores # live births □ Date of last period □ Irregular periods □ Vaginal odor Premature □ Date of last period □ PMS □ Clots Age at menopause □	Conital uninam		<u> </u>		
□ Frequent urination □ Incontinence □ Bed wetting □ Wake to urinate □ Decreased libido □ Urgent urination □ Nocturnal emission □ Premature ejaculation □ Impotence Gynecology □ Age menstrual cycle □ Duration of flow began □ Vaginal discharge of Breast lumps of last PAP □ Date of last PAP began □ Painful periods of Vaginal sores of last period of las	•	□ Rlood in urina	□ Vanavaal disaasa	□ Kidnov stone	□ Increased lihido
☐ Urgent urination ☐ Nocturnal emission ☐ Premature ejaculation ☐ Impotence Gynecology ☐ Age menstrual cycle ☐ Duration of flow began color periods ☐ Vaginal discharge pregnancies pregnancies pregnancies pregnancies ☐ Date of last PAP ☐ length of cycle ☐ Painful periods ☐ Vaginal sores periods ☐ Vaginal odor premature ☐ Date of last period ☐ Irregular periods ☐ Vaginal odor premature ☐ Pemature ☐ PMS ☐ Clots Age at menopause	0			•	
Gynecology □ Age menstrual cycle □ Duration of flow Vaginal discharge Breast lumps □ Date of last PAP began color # pregnancies □ length of cycle □ Painful periods □ Vaginal sores # live births □ Date of last period □ Irregular periods □ Vaginal odor Premature □ PMS □ Clots Age at menopause □	-		<u>e</u>		
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began			- 17 · 1 1· 1		
☐ length of cycle ☐ Painful periods ☐ Vaginal sores # live births ☐ ☐ Date of last period ☐ Irregular periods ☐ Vaginal odor ☐ Premature ☐ PMS ☐ Clots Age at menopause ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		e∐Duration of flow	0	•	□ Date of last PAP
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$\square PMS \qquad \square Clots \qquad Age at menopause___$	□ length of cycle		_		□ Date of last period
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	omer.				