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Acupuncture POINTS
Your Way to Health

Licensed Acupuncturist
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Patient Health Appraisal

~ Strictly confidential ~

Name _____ Age____ Date of birth ____/____/____ Relationship status _____
Address _____ Birthplace _____ Number of Children _____
City _____State ____ Zip _____ Referred to us by _____
Phone: (mobile)_____ (work)_____ (home)_____
e-mail: _____ Occupation _____ # work hrs/wk ____
Emergency Contact: _____Relationship_____ Phone _____
Physicians name: _____Phone: _____
May I contact your physician to discuss your condition? ___Yes ___ No Your Health Ins Co?_____

Note: All patients pay as they go. Refer to our "INSURANCE" page for reimbursement and other options to help defray out of pocket expenses.

HEIGHT: __ ft. __ in. **WEIGHT:** _____ pounds **BLOOD PRESSURE:** __high __low __normal WTP__

Why have you come for acupuncture treatment?

New/Acute problems:

Old/Chronic problems:

Treatments to date:

Current medications (taken within last 2 months):

Current "natural" remedies/supplements:

What do you do for exercise?

Major Stresses in life:

Personal Health History

Hospitalizations:
Surgeries:
Injuries//traumas:
Broken bones:
Scars/stitches:

Medicinal allergies:
Environmental allergies:
Food allergies:
Catch cold or virus easily?
Frequent sore throat?

Childhood Illness
__ Chicken Pox
__ Measles
__ Mumps
__ German Measles
__ Scarlet Fever

Immunizations
__ DPT
__ Tetanus Booster
__ Measles/Mumps/Rubella
__ Hepatitis B
__ Influenza

Exposures
__ Hepatitis
__ Tuberculosis
__ Herpes
__ HIV exposure
__tested positive __tested negative

Implants/Prostheses
__ Breast implant (s)
__ Pace Maker
__ other (describe)

Use of

☐ alcohol ☐ cocaine
☐ tobacco ☐ marijuana
☐ caffeine ☐ Heroin
☐ sugar ☐ valium

other drugs (describe)

Family Health and Genetic History

i.e. Diabetes, Cancer, Parkinson's...

Mother:
Father:
Sisters/Brothers:

Maternal Grandparents:
Paternal Grandparents:
Children:

"General Body Check" Do you have problems with any of these?

Pain (*where*)
- ☐ sharp/stabbing:
- ☐ dull/aches:
- ☐ localized:
- ☐ crampish:
- ☐ moving/tingling:

Circulation:
- ☐ numbness
- ☐ cold areas
- ☐ Reynaud's disease
- ☐ hot areas
- ☐ bruise easily
- ☐ varicosity
- ☐ phlebitis
- ☐ postural hypotension (feel faint if you stand quickly or too long)

Headaches (*desribe*)
- ☐ Migraine
- ☐ Cluster headaches w/Allergies
- ☐ Headaches with nausea
  - ☐ Frontal ☐ Temples
  - ☐ Occipital - base of skull

Mental/Neurologic
- ☐ slow thinking
- ☐ fast thinking
- ☐ forgetful
- ☐ lack concentration
- ☐ vertigo
- ☐ seizures

Emotional problems
- ☐ depression
- ☐ anxiety-heart palpitations
- ☐ panic attacks
- ☐ phobias
- ☐ mania stress
- ☐ irritable/angry

Eyes
- ☐ vision problems
- ☐ blurry vision
- ☐ photosensitivity
- ☐ infections
- ☐ dryness
- ☐ redness
- ☐ pain behind eyes

Ears
- ☐ hearing loss
- ☐ tinnitus
- ☐ frequent infections
- ☐ clogged
- ☐ popping

Nose
- ☐ sinus infections
- ☐ sinusitis
- ☐ postnasal drip
- ☐ deviated septum
- ☐ loss of smell
- ☐ bleeding
- ☐ allergy/sniffles

Skin
- ☐ acne
- ☐ itching
- ☐ eczema
- ☐ hives
- ☐ rashes

Hair
- ☐ dryness
- ☐ alopecia
- ☐ premature graying
- ☐ hair loss

Nails (fingers/toes)
- ☐ dry
- ☐ brittle
- ☐ cracks/splits
- ☐ discolored
- ☐ infected
- ☐ ingrown

Tongue
- ☐ peeling areas
- ☐ sores/blisters
- ☐ sensitivity

Mouth
- ☐ lips chapped
- ☐ cold sores
- ☐ bleeding gums
- ☐ periodontitis
- ☐ lots of cavities
- ☐ silver fillings
- ☐ teeth loose
- ☐ teeth hurt/ache
- ☐ without cavities
- ☐ Temporo-Mandibular Joint (TMJ) problems

Throat
- ☐ dry
- ☐ itchy
- ☐ sore
- ☐ hot
- ☐ excess mucus
- ☐ swollen glands
- ☐ tight
- ☐ thyroid

Voice
- ☐ hoarseness
- ☐ stuttering

Blood Tests with irregular results:
- ☐ high cholesterol
- ☐ hyperthyroid (high)
- ☐ hypothyroid (low)
- ☐ diabetes
- ☐ high blood sugar
- ☐ hypoglycemic
- ☐ low blood sugar
- ☐ anemia
- ☐ Candida/yeast

Autonomic Nervous System
- ☐ low blood pressure
- ☐ high blood pressure
- ☐ cold hands/feet
- ☐ night sweats
- ☐ sweat easily
- ☐ particular areas:
- ☐ never sweat
- ☐ often hot
- ☐ often cold
  - ☐ slow pulse (less than 60)
  - ☐ fast pulse (more than 100)

Heart & Lungs
- ☐ asthma
- ☐ shallow breathing
- ☐ short of breath:
  - ☐ on exertion
  - ☐ at rest
  - ☐ when lying down
- ☐ pressure on chest
- ☐ cough
- ☐ chronic bronchitis
- ☐ phlegm/mucus
- ☐ frequent colds
- ☐ mitral valve prolapse
- ☐ palpitations

Digestion
- ☐ have no appetite
- ☐ good appetite
- ☐ nausea
- ☐ vomiting
- ☐ easily get carsick
- ☐ easily get air sick
- ☐ easily get seasick

Digestion cont'd.
- ☐ belching
- ☐ rumbling sounds
- ☐ heartburn
- ☐ ulcer
- ☐ lack of stomach acid
- ☐ can't digest fats
- ☐ hiccups
- ☐ hiatal hernia
- ☐ stomach problems
- ☐ liver problems
- ☐ spleen problems
- ☐ gall bladder problems
- ☐ pancreas problems
- ☐ large intestine problems
- ☐ sm. intestines problems
- ☐ colitis
- ☐ Crohn's disease
- ☐ appendix
- ☐ ileocecal valve
- ☐ diarrhea
- ☐ constipation
- ☐ undigested food in stool

Digestion cont'd.
- ☐ blood in stool
- ☐ Irritable Bowel Syndrome
- ☐ Hemorrhoids ☐ itching ☐ burning ☐ bleeding
- ☐ flatulence
- ☐ hernia

Urination
- ☐ kidneys
- ☐ adrenal
- ☐ bladder
- ☐ frequent urge to urinate
- ☐ scanty urination
- ☐ urinary tract infections
  - ☐ frequent
  - ☐ pain or discomfort
- ☐ color of urine:
- ☐ golden yellow
- ☐ pale
- ☐ deep yellow/orange
- ☐ stones
- ☐ strong odor

Musculo-Skeletal
- ☐ rheumatism
- ☐ arthritis
- ☐ connective tissue
- ☐ ligament disease
- ☐ lupus erythyematosis
- ☐ upper back/spine
- ☐ mid back/spine
- ☐ lumbar spine
- ☐ whiplash
- ☐ neck
- ☐ shoulders
- ☐ arms
- ☐ wrists
- ☐ hands
- ☐ fingers
- ☐ rib cage
- ☐ pelvis sacrum
- ☐ coccyx
- ☐ hips
- ☐ knees
- ☐ shins ☐ feet
- ☐ ankles ☐ toes

Diet & Food Preferences

Please detail answers

☐ average appetite
☐ always hungry
☐ lack of appetites

	like	dislike
bitter	☐	☐
salty	☐	☐
sour	☐	☐
spicy	☐	☐
sweet	☐	☐

I drink ☐ ounces of liquid each day

☐ I feel thirsty and drink a lot
☐ I feel thirsty and don't drink
I prefer ☐ hot ☐ cold drinks

Diet patterns and foods eaten:

~ details please ~

BREAKFAST:

LUNCH:

DINNER:

Sleep

Amount ☐ (hours per night)

Quality:
☐ deep
☐ restless
☐ insomnia

☐ trouble falling asleep
☐ trouble getting back to sleep
☐ not refreshed upon waking

Dreams:
☐ often
☐ average
☐ never

Women

Please detail answers

date of last menstruation: ☐

number of days in cycle:
amount of flow:
color:
odor:
cramping:
blood clots: yes__ no__
date of last Pap Smear __/___

Number of pregnancies:
☐ deliveries:
☐ caesareans:
☐ miscarriages:
☐ abortions:

Birth control pills used?
☐ No
☐ Yes, how long:
☐ Diaphragm / IUD

☐ premenstrual syndrome
☐ dysmenorrhea
☐ amenorrhea
☐ infertility
☐ endometriosis
☐ Pelvic Inflammatory Disease
☐ fibroids
☐ ovarian cysts

☐ abnormal pap smear
☐ cervical dysplasia
☐ vaginal discharge
☐ breast tenderness
☐ breast discharge
☐ Fibrocystic breast disease
☐ menopause
☐ peri-menopause

Sexual Energy (Qi) Interest: ☐ High ☐ Average ☐ Low

Sexually active: ☐ Yes ☐ No

Men

☐ Prostatitis ☐ Infertility ☐ Impotent:

Sexual Energy (Qi) Interest: ☐ High ☐ Average ☐ Low

Sexually active: ☐ Yes ☐ No

Supplements

While we often recommend supplements and herbs to our patients, you are under no obligation to purchase from us. We offer convenience, competitive prices and advice; however you may find better prices elsewhere. We encourage you to make the best decisions for yourself.

Health Insurance

We are often asked, "Do you accept insurance?" The simple answer is "no". ***However***, it may still be possible for you to be reimbursed by your insurance carrier for treatment. Fortunately, more and more insurance companies are now covering acupuncture treatment, but we still have a long way to go.

We have found that insurance companies are much more responsive to patients rather than providers. We will do whatever we can to help you receive reimbursement.

Cancellation Policy

While we do understand that sometimes it can't be avoided, we reserve the right to a $50 charge for acupuncture appointments cancelled or broken *without* 24 hours notice and the full fee for cancelled massage appointments *without* 24 hours notice.

Yes, I have read and fully comply with this Cancellation Policy

My Inititials: ____