

CONTEMPORARY ACUPUNCTURE
HEALTH HISTORY

Our ability to draw effective conclusions about your present state of health and how to improve it depends, to a significant extent, on your ability to respond thoughtfully and accurately to both these written questions and those posed by the specialist during your consultations. Health issues are usually influenced by many factors. Accurately assessing all the factors and comprehensively managing them is the best way to deal with these health challenges. Your careful consideration of each of the following questions will enhance our efficiency and will provide for more effective use of your scheduled consultation time. These questions will help to identify underlying causes of illness and will also assist us to formulate a treatment plan.

Name: _____	
Address: _____	
Home ph: _____	Mobile ph: _____
Work ph: _____	Email: _____
Date of birth: _____	Marital status: _____
Occupation: _____	
Today's Date: _____	

Have you had acupuncture before? Y/N

If so, with whom? _____

GP / family doctor: _____

Name and phone no. of your emergency contact
person: _____

What's your primary reason for seeking acupuncture?

When did this first begin? _____

What was the initial cause? _____

What makes it worse? _____

What makes it better? _____

Please **(circle)** any that apply. This problem affects your:

Physical, emotional, mental well-being; walking, standing, sitting, lying down, bending, stretching; sleep, work life, exercise, social life, recreation, personal relationships, sexual life

How does this problem affect your life otherwise?

Please list **previous treatments** for this, if any, and which have helped (+) and which didn't (-):

Please **(circle)** any that apply. Are you interested in:

Pain relief, preventative health care, holistic health, stress relief, herbal therapy, nutrition, personal development, spiritual development, other

What are your **health goals**?

How are your **energy levels**? Great / OK / Fluctuating / Poor / What's energy?

Do you have a **high point** during the day? Y/N When?_____

Do you have a **low point** during the day? Y/N When?_____

Do you **sleep** well? Y/N

Do you drink **tea or coffee**? Y/N

If so, how many cups per day? _____

Do you drink **alcohol**? Y/N

If so, how many **standard drinks** per week/day?_____

Do you **smoke**? Y/N

If so, what and how much per day? _____

Do you want to quit? Y/N

Do you have any **allergies**? Y/N

If so, to what? _____

Do you take **supplements**? Y/N

If so, what types and how often? _____

Describe:_____

Do you take **medication**? Y/N

If so, what types and how often? Please include laxatives, painkillers, sleeping pills, herbal remedies, and/or any self-prescribed medication:

Please list any **medication you've had to take for a long time** (months/years) in the past:

Do you follow a **special diet** (e.g. vegetarian, vegan, low-fat, low-carb, etc.)? Y/N

If so, what do or do you not eat (whichever is easier to write out)?

Do you have a **regular relaxation or mindfulness practice** (e.g. meditation, yoga, tai chi, qigong)? Y/N

What kind of **exercise or sports activities** are have you been or are you currently involved in?

What are your **hobbies / pleasures / passions**?

Female concerns:

Is your cycle regular? Y/N

Day 1 of your last menstruation: _____

Is your period painful? Y/N

Do you take contraceptives? Y/N

Have you ever been pregnant? Y/N

Number of pregnancies: _____

Average length of your cycle: _____

Average length of your menstruation: _____

Is there clotting? Y/N

If yes, for how long? _____

Number of live children: _____

Signs and Symptoms

Please (circle all that apply now) and underline all that applied in the past or use two different-colored pens.

General: Fatigue, lack of energy, sudden energy drops, shortness of breath, poor sleep, insomnia, nightmares, night sweats, snoring, travel sickness, unusual perspiration, no perspiration at all, sweat easily, hair loss, unintended weight loss, unintended weight gain, overweight, underweight, heavy drinking, smoking, more than 3 cups of coffee a day, poor appetite, always hungry, always thirsty, peculiar tastes, sweet cravings, other food cravings, excessive phlegm, tumors, cancer

Head: Headaches, migraines, dizziness / vertigo, concussion, loss of hair, premature graying of hair

Mental/emotional/nervous system: moodiness, irritability, excessive worrying, poor memory, dyslexia, anxiety, fearfulness, phobias, nervousness, always high-strung, can't say no, hard to relax, melancholy, grief, sadness, loss of interest in activities you used to enjoy, poor concentration, frequent lateness, stuttering, confusion, depression, short temper, outbreaks of rage, seeing a therapist, seizures, epilepsy, bipolar disorder, OCD, ADD, ADHD, PTSD, MND, ALS, drug addiction, alcoholism, abuse survivor, other

Mouth: Dry mouth / throat, metallic / bitter / sour / foul taste in mouth, halitosis (bad breath), bad teeth, bleeding gums, abscesses, mouth ulcers, inflammations, others, cold sores, jaw joint pain, cracking jaw joint, grinding teeth, salivary gland inflammation, missing teeth, root canal treatment, amalgam / gold fillings, crowns, inlays, bridges, false teeth, braces

Ears: Poor hearing, deafness, tinnitus (ringing in ear), itching of ear canal, frequent ear infections, ear aches, other

Nose: Poor sense of smell, congested nose, runny nose / clear discharge, yellow / green phlegm, recurring sinus infections, polyps, post nasal drip, nose bleeds, cold sores, other

Eyes / vision: Poor vision, short-sighted, far-sighted, astigmatism, blurred vision, dry eyes, itchy eyes, red eyes, floating spots in vision, wind sensitivity, light sensitivity, night blindness, cataracts, glaucoma, other

Skin: Eczema, acne (pimples), dry skin, oily skin, itchy skin, neurodermatitis, psoriasis, warts, abscesses, rash, fungal infection, athlete's foot, nail infection, other

Respiratory system: Cough, shortness of breath, asthma, wheezing, bronchitis, pneumonia, frequent colds, frequent tonsillitis / sore throat / strep throat, emphysema, lung abscesses, tuberculosis, whooping cough, coughing blood, other

Digestive system: Constipation, diarrhea, dark stools, very smelly stools, blood in stools, mucous on/in stools, irritable bowel syndrome, intestinal cramping, loss of appetite, bloating, gas, belching, tiredness after eating, no appetite in the morning, hiccups, abdominal cramping / pain, food allergies or intolerances, abdominal distension, heartburn, acid regurgitation, vomiting, stomach or duodenal ulcers, gastritis, lack of stomach acid, pancreatitis, gallstones, hepatitis, liver cirrhosis, gallbladder disease, laxative use, hemorrhoids, other

Urinary system: UTI's (urinary tract infections), kidney stones, incontinence, pain when urinating, difficulty urinating, blood in urine, too frequent urgent urination, wake at night to urinate, urinary reflux, bladder weakness, other

Heart and circulation: Fast pulse (resting pulse rate over 100 bpm), slow pulse (less than 60 bpm), palpitations, heart arrhythmia, chest pain or tightness, high blood pressure, low blood pressure, stroke, constantly feeling hot, constantly feeling cold, cold hands, cold feet, burning hands, burning feet, afternoon/evening fevers, constant low-grade fever, blushing, hot flushes, anemia, dizziness when standing up, fainting spells, bruise easily, numbness or tingling sensations, other

Hormone system: Diabetes, low blood sugar level, enlarged thyroid, hypothyroidism, hyperthyroidism, other

Female Reproductive System: Problems before, during or right after periods: abdominal pain, cramping, back pain, irritability, breast pain. Irregular or absent menstruation, spotting between periods, lack of sexual desire, too much sexual desire, vaginal discharge, vaginal itching, vaginal pain, endometriosis, tubal sterilization, hysterectomy, infertility, pregnancy termination, miscarriage, C-section, perineal tear or cut, breast lump, breast pain, other

Male Reproductive System: Lack of sexual desire, too much sexual desire, infertility, impotence, vasectomy, premature ejaculation, nocturnal emissions, enlarged prostate, discharge, itching, other

Immune system: Rheumatic diseases, arthritis, fibromyalgia, chronic fatigue, frequent colds, ulcerative colitis, Crohn's disease, celiac disease, "hay fever", chronic low grade fever, swollen glands/lymph nodes, measles, mumps, chicken pox, shingles, scarlet fever, multiple sclerosis, fibromyalgia, chronic fatigue syndrome, syphilis, gonorrhea, herpes, HIV / AIDS, other

Muscles, joints and bones: Injuries to joints, bones, muscles, ligaments or sinews, tailbone, spine, neck, skull. Pain in joints, bones, muscles, ligaments or sinews, tailbone, spine, neck, skull. Muscle cramps, limited range of motion, tight neck/shoulders, lower back pain, lumbar prolapse / herniated disc, sciatica, weak legs, leg length difference, RSI/OOS, other

Please list **all scars** (even small and old ones), **tattoos and piercings**, and mark vaccination scars with a star*:

The following things can affect one's health, even long after they are over. Please list briefly whatever applied/applies to you*

- Any pregnancy or birth complications (ask your mother if possible)
- Issues that affect the whole family: Absence or illness of family members, addictions of any kind, psychological illness, (attempted) suicide, physical, sexual or emotional abuse, emotional neglect, etc.
- Unusual course of children's diseases and complications from vaccinations
- Any serious or recurring disease
- Psychological issues, traumatic or unsettling experiences
- Accidents (including sports accidents)
- Surgeries and other invasive procedures
- Recreational drug use (past or present)

You do not have to write these down if you feel uncomfortable doing so, but please make a mental note to mention these event(s) to me in person. Due to the whole-person approach of acupuncture, many health problems resulting from emotional and mental suffering can be alleviated without your having to go into details.

Your family's medical history: Please indicate if any of your family members have or had any of the following conditions:

- Anemia, blood transfusion, heart attack, heart disease, high blood pressure, low blood pressure, arthritis, gout, obesity, diabetes, drug reaction, parasites, pneumonia, tuberculosis, jaundice, hepatitis, syphilis, gonorrhea, herpes, HIV/AIDS, cancer, hypo/hyperthyroid, premature graying of hair, epilepsy, seizures, multiple sclerosis, mental illness, mental breakdown