

## ACUPUNCTURE MEDICAL HISTORY

This information is essential for the diagnosis procedure and helps us to provide you with a better treatment. Please fill out as accurately you can.

THIS INFORMATION IS CONFIDENTIAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Describe your principle complaint \_\_\_\_\_  
\_\_\_\_\_

What has been diagnosed (By M.D.)? \_\_\_\_\_  
\_\_\_\_\_

Any problems during your birth? \_\_\_\_\_  
\_\_\_\_\_

Vaccination history: Any reaction that you remember? Any unusual vaccinations?  
\_\_\_\_\_  
\_\_\_\_\_

Childhood/Adolescent Illnesses, surgery or accidents? (even minor illnesses)

Age: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_  
\_\_\_\_\_

Adulthood: Illnesses, surgery or accidents? (even minor illnesses)

Age: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_  
\_\_\_\_\_

Allergies, including reactions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family history: Please note all major illnesses in your immediate family  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medications, herbs, vitamins, and minerals you take even if you take the only occasionally.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any scars? Note location of all operation or injury scars (even minor ones)  
\_\_\_\_\_  
\_\_\_\_\_

Do you use cigarettes, alcohol or illicit drugs? \_\_\_\_\_

## REVIEW OF SYSTEMS

**Circle** any problem, disease, or symptom you have now.

**Underline** items that affected you in the past.

Skin: eczema acne skin rash dermatitis furuncles fungal infections warts psoriasis abscesses

Heart and vascular: Fast pulse (over 100 beats/min.) slow pulse (less than 60 beats/min.) palpitations irregular pulse feeling of pressure in the chest short of breath chest pain dizziness migraine headache low blood pressure cold sweats red face dizziness or faintness on standing up quickly or for a long time

Gastrointestinal: constipation diarrhea no appetite stomach pain indigestion heartburn gas belching ulcer gastritis lack of stomach acid hemorrhoids ileocecal valve spasm pancreatitis irritable bowel polyps

Respiratory: asthma bronchitis emphysema cough wheeze pneumonia lung abscess

Hormonal imbalance: low thyroid overactive thyroid diabetes hypoglycemia blood sugar imbalance other hormone imbalance \_\_\_\_\_

Male: impotence premature ejaculation prostate gland problem vasectomy infertility low libido

Female: menstrual problems cramping heavy/light/irregular periods PMS menopause symptoms tubal ligation infertility low libido

Autoimmune and inflammatory conditions: Hashimoto's disease (thyroid) rheumatism lupus erythematosus colitis crohn's disease alopecia (baldness) allergy food allergy atopic dermatitis neurodermatitis cellulites sinus allergy vulvitis low immune system effects of focal infections: rheumatic disease rheumatic fever arthritis skin disease connective tissue or ligament diseases myofascial pain syndrome fibromyalgia tendonitis constant slight fever glomerulonephritis plantar fasciitis scarlet fever ear infection streptococci infections staphylococci infections swollen glands increased susceptibility to colds/sore throats

Ear, nose and throat: deafness tinnitus(ringing in ears) itchy ear ear pain frequent ear infections sinus head aches yellow mucus stuffy nose post-nasal drip dry throat itchy throat sinus congestion streptococci throat infections sore throat

Oral disease: bleeding gums peridontitis dental abscess mumps stomatitis (inflammation of mouth) TMJ toothaches without cavities

Psychiatric: anxiety depression irritability mood swings giddiness moody in mornings

General: insomnia exhaustion difficult concentrating on a task susceptible to motion sickness unusually low or high appetite for breakfast unusual sweating (palm, sole or elsewhere) never sweating excessive sweating

Symptoms before noon time: no energy feel spacey scattered minded energetic all evening through midday but hate waking up early in the morning long shower or bath makes you feel dizzy or faint