Acupuncture & Herbal Works
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Name_____
Date of Birth _____

Chief Problem: _____
_____
How long have you had it: _____
How did this condition develop: _____
_____
_____
What makes it worse: _____
What makes it better: _____

List any medications you are currently taking: _____
_____
_____

List Surgeries (include date) _____
_____
_____

List significant traumas (physical or emotional): _____
_____

YOUR PAST MEDICAL HISTORY/ILLNESSES (check all that apply):

☐ Alcoholism	☐ Cancer	☐ Diabetes	☐ Drug Addiction	☐ Stroke
☐ Hepatitis	☐ Heart Disease	☐ High Blood Pressure	☐ Seizures	☐ Asthma
☐ Pneumonia	☐ Kidney Disease	☐ Rheumatic Fever	☐ Gallstones	

FAMILY HISTORY:

☐ Abuse	☐ Alcoholism	☐ Asthma	☐ Cancer	☐ Diabetes
☐ Drugs	☐ Heart Disease	☐ Stroke	☐ Hypertension	

YOU NOW: ☐ Pregnant ☐ Pacemaker ☐ AIDS ☐ Hepatitis ☐ Blood Transfusions

- ☐ Dizziness
- ☐ Fatigue
- ☐ Fainting
- ☐ Vertigo
- ☐ Stroke
- ☐ Seizures
- ☐ Headache
- ☐ Phlegm in Throat
- ☐ Recent Clumsiness
- ☐ Shortness of Breath
- ☐ Ringing in Ears
- ☐ Sinus Problems
- ☐ Allergies
- ☐ Vision Problems
- ☐ Heaviness in Head
- ☐ Persistent Cough
- ☐ Recurrent Bronchitis
- ☐ High blood Pressure
- ☐ Asthma
- ☐ Night Urine X_____
- ☐ Low Sexual Energy
- ☐ Night Sweating
- ☐ Weight loss
- ☐ Weight gain
- ☐ Likes heat
- ☐ Likes cold
- ☐ Excess thirst
- ☐ Insomnia
- ☐ Irritability
- ☐ Feel sad a lot
- ☐ Anxiety
- ☐ Much fear
- ☐ Terrors
- ☐ Difficulty Expressing Emotions
- ☐ Constipation
- ☐ Diarrhea/ Loose Stools

LIFESTYLE
- ☐ Healthy diet
- ☐ Smoke Tobacco
- ☐ Drink Alcohol
- ☐ Drink Coffee
- ☐ Eat a lot of Sweets

PAIN IN
- ☐ Arms
- ☐ Feet
- ☐ Hands
- ☐ Joints
- ☐ Legs
- ☐ Shoulders
- ☐ All over

WOMEN ONLY
- ☐ Date of last PAP_____
- ☐ Bleed Between Periods
- ☐ Irregular Periods
- ☐ Heavy Periods
- ☐ Painful Periods
- ☐ Endometriosis
- ☐ Vaginal Discharges
- ☐ Menopausal

MEN ONLY
- ☐ Genital pain
- ☐ Impotence
- ☐ Genital sores
- ☐ Lump in Testicles
- ☐ Penis Discharge
- ☐ Nocturnal Emission

TESTS
- ☐ X-rays
- ☐ MRI
- ☐ CAT scan
- ☐ PET Scan
- ☐ Blood Work
- ☐ _____