



# Acupuncture & Homeopathy Center

## PATIENT INTAKE FORM

### PATIENT INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex:  male  female Marital Status:  single  married  other

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Medications (if any): \_\_\_\_\_

\_\_\_\_\_

Supplements (if any vitamins, herbs, etc.): \_\_\_\_\_

\_\_\_\_\_

### Major Complaint(s), in order of significance to you:

1. Major Complaint: \_\_\_\_\_

2. Secondary Complaint: \_\_\_\_\_

Habits/excessive usage:  alcohol  chocolate  cigarettes  coffee  cola  drugs  exercise  food  salt  sex  sugar

tea  others: \_\_\_\_\_

How do these conditions impair your daily activities? \_\_\_\_\_

\_\_\_\_\_

### PATIENT MEDICAL HISTORY

How was your childhood health? \_\_\_\_\_

Hospital visits/stays? \_\_\_\_\_

### RECENT TESTS: (please bring the copy of those)

Physical  Cholesterol  Blood  Prostate  HIV  STD  Pap Smear  Mammography

Other: \_\_\_\_\_

## FAMILY MEDICAL HISTORY

Check the following that have occurred in your blood relatives:

- Diabetes
- Obesity
- Allergies
- Cancer
- Stroke
- Nervous Illness
- Mental Illness
- High Blood Pressure
- Other \_\_\_\_\_
- Tuberculosis
- Kidney Disease
- Alcoholism
- Heart Disease
- Bleeding Tendency

## PATIENT PROFILE

Overall Temperature (Kidney Function)

- cold hands
- hot flashes
- thirsty
- sweaty feet
- cold sensation
- lack of perspiration
- hot sensation
- sweaty hands
- cold feet
- night sweats
- low energy

## EYES (Liver function)

- itchy
- watery
- dry
- see floaters
- bloodshot
- hot
- rough
- blurry vision

## OVERALL ENERGY

(Kidney, Spleen, Lung function):

- low energy
- easily catch colds
- general weakness
- shortness of breath

## LUNG FUNCTION:

- cough
- dry skin
- dry throat
- body ache
- dry nose
- nose bleeds
- difficult breathing
- stiff shoulders
- melancholy
- sinus congestion
- sneezing
- dry mouth
- stiff neck
- sore throat
- chills and fever

## BLOOD (Liver, Spleen, Heart function):

- dizziness
- fatigue
- graying hair
- pale skin
- poor memory

## HEART FUNCTION:

- anxiety
- insomnia
- mental fogginess
- restlessness
- mental confusion
- sore on tongue
- vivid dreams
- wake unrepressed
- afternoon flashes
- perspire easily
- vaginal dryness
- chest pain
- palpitations
- chest pain

## SPLEEN FUNCTION:

- bloating
- diarrhea
- constipation
- over-thinking
- incomplete stools
- mucous in stools
- low appetite
- easily bruise
- hemorrhoids
- organ prolapsed
- gurgling stomach
- blood in stools
- abrupt weight change
- fatigue after eating
- undigested food in stools
- loose stools
- worry
- gas

## DAMPNESS:

- heavy body
- nausea
- swollen joints
- swollen hands
- swollen feet
- chest congestion
- snoring
- sensation

## STOMACH FUNCTION:

- burning
- heartburn
- belching
- acid reflux
- canker sores
- very large appetite
- bleeding or swollen gums
- stomach pain
- ulcer
- hiccups
- vomiting
- bad breath

## LIVER / GB FUNCTION:

- Rib pain
- twitching
- bitter taste
- anger easily

frustration

tingling

numbness

gall-stones

drink alcohol

lump in throat

muscles spasms

sexual disease

tightness in chest

frequent headaches

alternating diarrhea and constipation

## KIDNEY/BLADDER FUNCTION

high libido

fearful

low back pain

excessive hair loss

memory problems

easily broken bones

sore/weak knees

lack of bladder control

## URINATION:

frequent

clear color

profuse

painful

cloudy

strong odor

## MEN ONLY:

low libido

impotence

premature ejaculation

## WOMEN ONLY:

Age of first period: \_\_\_\_\_

Age of first menopause: \_\_\_\_\_

Number Of pregnancies: \_\_\_\_\_

Number of life births: \_\_\_\_\_

Number of abortions: \_\_\_\_\_

Miscarriage: \_\_\_\_\_

Vaginal Discharge: \_\_\_\_\_

PMS

Irregular cycles

excessive Menstrual Flow

clots in menses

Menopausal symptoms

Are you pregnant now? \_\_\_\_\_

depression

irritability

ringing in ears

convulsions

muscle tension

seizures

low libido

normal libido

kidney stones

low libido

normal libido

kidney stones

low libido

normal libido

kidney stones

urgent

very little

burning

difficult

reddish color

dark yellow color

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

Testicular pain

Prostate Problems

**Check any you have had in the past:**

- Diabetes
  - Heart Disease
  - CVA (stroke)
  - Vein Condition
  - Syphilis
  - Meningitis
  - Epilepsy
  - Paralysis
  - Allergies
  - Other: \_\_\_\_\_
- Chicken Pox
  - Polio
  - Hepatitis
  - Measles
  - Cancer
  - Migraines
  - Glaucoma
  - Asthma
  - Emphysema
- Lung illness
  - Heart illness
  - Liver illness
  - Rheumatic Fever
  - Jaundice
  - Bleeding Tendency
  - Nervous Disorder
  - Mononucleosis
  - Multiple Sclerosis
- HIV
  - STD
  - Tuberculosis
  - Kidney illness
  - Stomach illness
  - Spleen illness
  - Thyroid Disorder
  - Mumps
  - High Blood Press.

Surgeries: \_\_\_\_\_

**Patient Profile**

Please clearly mark any areas of pain on the diagram on the following page:

**Is the pain:**

- Sharp
- Burning
- Aching
- Cramping
- Dull
- Moving
- Fixed
- Other: \_\_\_\_\_

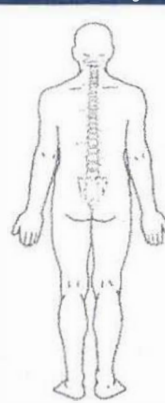
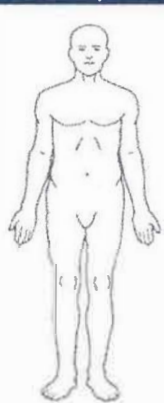
**What make the pain better?**

- Pressure
- Cold
- Heat
- Exercise
- Other: \_\_\_\_\_

**What make the pain worse?**

- Pressure
- Cold
- Heat
- Exercise
- Other: \_\_\_\_\_

Using the symbols provided in the Pain Index, mark the areas on the illustrations below where you are experiencing pain, followed by a number from 1 to 10 indicating the extent of the pain. (1 being minor, 10 being severe)



**Complaint Index**

**B** Burning      **S** Sharp/Stabbing  
**N** Numbness/Tingling      **A** Ache

For example if you are experiencing moderately severe burning pain in back of your neck, you should note a "BB" on the neck of the illustration.

If this is an injury, describe what happened:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On a scale of 0-10, how do you feel now? (0 Being Fantastic, 10 Being Extremely Poor)

0    1    2    3    4    5    6    7    8    9    10