

Date \_\_\_\_\_

### ACUPUNCTURE MEDICAL HISTORY QUESTIONNAIRE

This information is essential for the diagnostic process and helps us to provide you with a better treatment. Please answer the following questions as accurately as you can.

THIS INFORMATION IS CONFIDENTIAL

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Married    Single    Partner    Divorced    Widowed    Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Are you presently under a doctor's care? Y/N    Who and for what? \_\_\_\_\_

Are you interested in supplementing your condition with Herbal Medicine? Y/ N

1. Describe your main complaint: \_\_\_\_\_  
\_\_\_\_\_

2. When did this problem begin? \_\_\_\_\_

3. What aggravates the condition? \_\_\_\_\_  
(Certain foods, weather, movement, heat/cold. Time of day)

4. What makes it better? \_\_\_\_\_

5. What have you done about this? \_\_\_\_\_

6. List in chronological order **childhood/adolescent** illness, surgeries, accidents. Indicate length of illness.

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

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

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

7. List in chronological order all **adult** illness, surgeries, accidents. Indicate length of illness or injury.

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

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

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

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

8. Please list all major illness in your **close family**. Include conditions such as diabetes, heart disease, blood pressure, neurological disorders, psychological disorders, blood disorders, orthopedic disorders.

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9. Please list **all medications** and what they are for, any herbs, vitamins, minerals, even if you take them occasionally.

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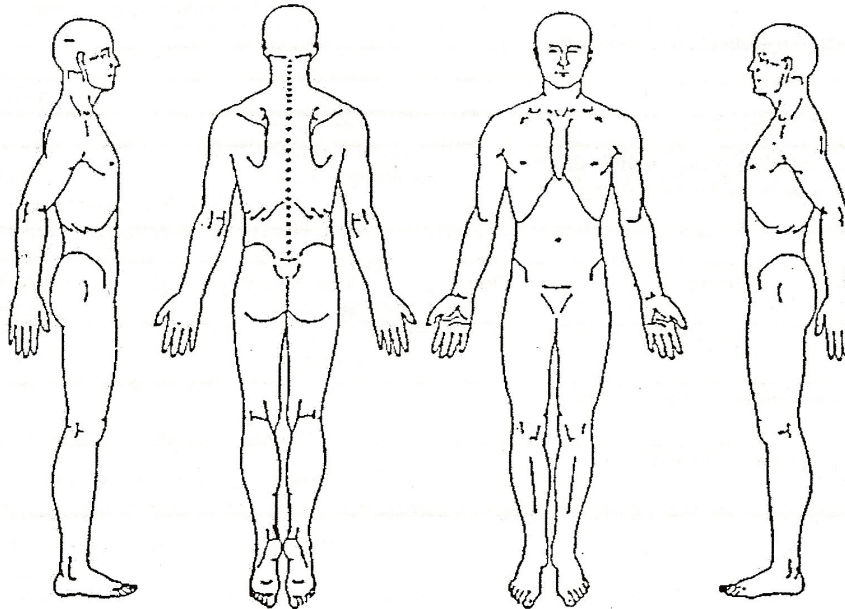
10. What are your indulgences? \_\_\_\_\_

11. Describe the location and color of **scars**, and indicate whether they are raised or flat.

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Please indicate any painful or distressed areas by circling the area



**Female Only:**

Is your cycle regular? Y/N      Is your cycle painful? Y/N      Birth Control – how long? \_\_\_\_\_

Have you ever been pregnant? Y/N      Menstruate every \_\_\_\_\_ days and last \_\_\_\_\_ days

## Symptom List

**Circle** any problem, disease or symptom you have now. **Underline** items that affected you in the past.

**Skin:** eczema acne skin rashes dermatitis furuncles fungal infections warts psoriasis

**Heart and vascular:** Fast pulse (over 100beats/min) slow pulse (less than 60beats/min) palpitation irregular pulse feeling pressure in the chest short of breath chest pain dizziness migraine headache with nausea cold hands/cold feet Raynaud's disease flushed face anemia high blood pressure low blood pressure cold sweats red face feel dizzy or faint when standing up quickly or standing for a long time

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

**Respiratory:** asthma bronchitis emphysema cough wheeze pneumonia lung abscess

**Hormonal Imbalance:** hypothyroid hyperthyroid diabetes hypoglycemia blood sugar  
Other Hormonal imbalances \_\_\_\_\_

**Male:** impotence premature ejaculation prostate gland problem vasectomy infertility

**Female:** menstrual problems cramping heavy/light/irregular periods clotting discharge PMS emotional reactions menopausal symptoms tubal ligation infertility low libido

**Autoimmune and inflammatory conditions:** Hashimoto's disease (thyroid) rheumatism systematic lupus erythematosus colitis Crohn's disease alopecia (baldness) allergy food allergy atopic dermatitis neurodermatitis cellulites sinus allergy vulvitis low immunity

**Effects of focal infections:** rheumatic disease rheumatic fever arthritis skin disease

**Connective tissue or ligament disease:** myofascial pain syndrome fibromyalgia tendonitis ligaments pericarditis constant a/c light fever glomerulonephritis plantar fasciitis scarlet fever ear infections streptococci infections staphylococci infections easily catch cold or sore throat swollen hands

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

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

**General:** insomnia psychosomatic weakness exhaustion emotional problems (angry, irritable, depressed, anxious) difficult concentration on a task easily get car sick, sea sick, or air sick no appetite for breakfast moody in mornings unusual sweating (palm, sole, or elsewhere) never sweat

**Before noon time:** no energy feel spacey scattered mind energetic all evening through midnight, but hate to wake up early in the morning long shower or bath makes you feel dizzy or faint.

Medication and drugs: cigarettes alcohol cocaine marijuana

**Other:**

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### **Terms of Acceptance**

When a client seeks acupuncture health care and I accept a patient for such care, it is essential for both to be working toward the same objectives.

Acupuncture is focused upon a few goals: to detect and correct the quality, quantity and balance of Qi, Blood, and other body fluids. When this is done correctly, the body will have the capacity to obtain and maintain health and well-being.

It is important that each client understand the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Acupoint stimulation: The insertion of sterile acupuncture needles causes a specific stimulation of an acupoint. This will facilitate the normal and balanced flow of Qi through the Meridian pathways.

Health: A state of optimal physical, mental and spiritual well-being, not merely the absence of infirmity.

Qi imbalance: When the quality, quantity and balance of Qi is disturbed, it causes illness and disease. An imbalance in any of the 14 main meridian channels causes an alteration in the flow of Qi through the entire body. This can result in a lessening of the body's innate ability to heal itself and express maximum health potential.

I do not offer to diagnose or treat any disease or condition other than the quality, quantity and balance of Qi. However, if during the course of an acupuncture examination I encounter non-acupuncture or unusual findings, I will advise you. If you desire advice, diagnosis or treatments of those findings, I will recommend that you seek the services of a health care provider qualified to treat those problems.

Regardless of what a disease is called, I do not offer to treat it. Nor do I offer advice regarding treatment prescribed by others. The ONLY practice objective is to detect and correct imbalances within Meridian pathways using Acupuncture and Chinese medical techniques. This can help to facilitate healing and a potentially lead to a full expression of your body's innate wisdom.

I, \_\_\_\_\_ have read and fully understand the above statements.

All questions regarding the acupuncturist's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept acupuncture care of this basis.

(Signature) \_\_\_\_\_ (date) \_\_\_\_\_

## Notification Regarding Evaluation of Patient by Physician

According to Texas law (pursuant to the requirements of Section 183.10(a)(11) and Section 205.302, Article 4495b governing the practice of acupuncture) I am required to inform you that in the State of Texas, acupuncture and Oriental medicine is not considered "primary health care." As a result, you must respond in the affirmative to *at least one* of the following three statements. Please be advised that per the law, I will not be permitted to treat you unless *at least one* of the 3 statements below is answered in the affirmative.

I, \_\_\_\_\_, am notifying Japanese Acupuncture of *at least one of the following*:

1. I have been evaluated by a physician, dentist, or nurse practitioner for the condition for which I am requesting treatment within the 12 months prior to being treated by Japanese Acupuncture.

Yes

No

**-OR-**

2. I have received a referral from my chiropractor within the last 30 days for acupuncture. The date of this referral is \_\_\_\_\_. After being referred by a chiropractor if no substantial improvement occurs within 120 days or 30 treatments (whichever comes first), I understand that Japanese Acupuncture is required by Texas law to refer me to a physician. It is my responsibility and choice as to whether to follow this advice.

Yes

No

**-OR-**

3. I have not been evaluated by a physician or dentist for the condition being treated, nor have I received a referral from a chiropractor, but I am seeking treatment for symptoms related to one of more of the following conditions:

Chronic Pain

Weight loss

Smoking addiction

Alcoholism

Substance abuse

Patient signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Patient's printed name \_\_\_\_\_

Patient Representative's signature (if patient is a minor) \_\_\_\_\_ Date \_\_\_\_\_

Patient representative's printed name \_\_\_\_\_ Relationship to patient \_\_\_\_\_