Date_____

* FERTILITY PATIENTS ONLY*

ACUPUNCTURE MEDICAL HISTORY QUESTIONAIRE

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:_____Current Age:_____

Occupation:_____How did you hear about us:_____

Email_____Emergency Contact#_____

Are you presently under a doctor's care? Y/ N Your Fertility Dr._____

Name of your current fertility clinic _____

Do we have your permission to contact your fertility doctor above? Y / N

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

1. How long have you been trying to get pregnant? _____

2. Any diagnosis given by a doctor _____

3. Your secondary complaint other than fertility _____

4. When did this problem begin? (for Q3)_____

5. What aggravates the condition?_____

6. What makes it better?_ _____

7. Has your partner had a fertility work up? Y / N Results: _____

Female:

menstrual problems cramping heavy/light/irregular periods low backache water retention

mood swings painful breast clotting vaginal discharge PMS menopausal symptoms tubal ligation

low libido hot flushes vaginal dryness

No. pregnancies_____No. vaginal deliveries_____No. cesareans No. Miscarriages _____

No. abortions _____

Form of birth control_____Oral contraceptives_____how long?_____

Last Period_____Your menstrual cycle is every_____days and lasts for_____days

Age of initial period _____

Male:

Low back problem knee pain frequent urination ringing in ear low libido seminal duct blockage swollen scrotum painful testicles varicocele impotence or erectile dysfunction lack of ejaculation prostatitis premature ejaculation prostate gland problem low sperm count weak sperm motility weak morphology high stress

Type of under wear: brief/ boxer

Pregnancies and Fertility Treatment History

Date	Natural, IUI, IVF, ICSI, other	Medications used	No. of mature eggs	Pregnancy achieved? Y/N	Week of miscarriage (if applies)	Additional comments

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

Age: _____ _____

Age: _____ _____

Age: _____ _____

Age: _____ _____

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

Age: _____ _____

Age: _____ _____

Age: _____ _____

Age: _____ _____

Age: _____ _____

10. 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.

_____

_____

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

_____

_____

_____

_____

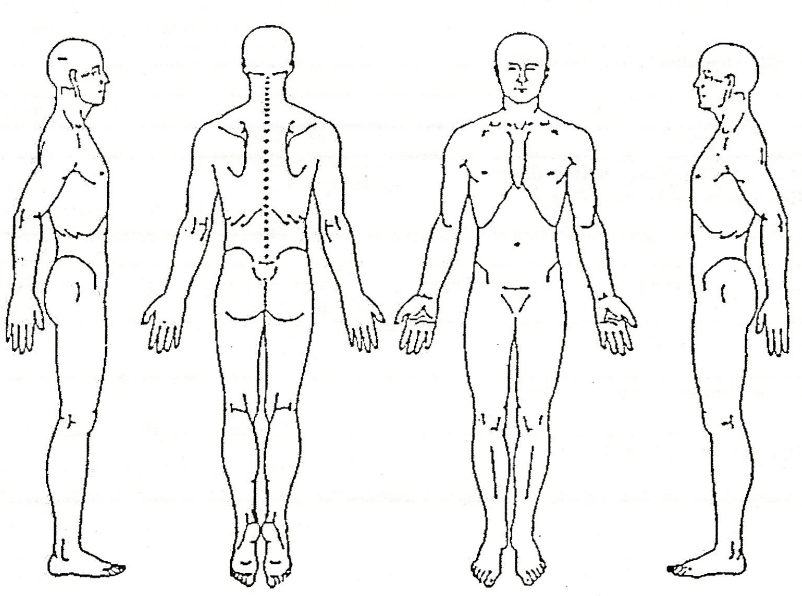
12. What are your indulgences?_____

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

_____

_____

Please indicate any painful or distressed areas by circling the area



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 diabeteshypoglycemia 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: rhematic disease rheumatic fever arthritis skin disease

Connective tissue or ligament disease: myofascial pain syndrome fibromyalgia tendonitis ligaments pericarditis constant alight 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:

_____

_____

_____

_____

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, quality 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 advise, 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 Stateof 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 beadvised 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_____