

# HEALTH HISTORY

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Single: \_\_\_\_\_ Married: \_\_\_\_\_ Partner: \_\_\_\_\_ Widow: \_\_\_\_\_ # Children: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
In emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
Have you had acupuncture before? \_\_\_\_\_

What is the primary reason for your visit? \_\_\_\_\_

What treatments have you tried? \_\_\_\_\_

Significant past medical history: \_\_\_\_\_

Surgeries (type and date): \_\_\_\_\_

Medicines taken within the last two months (drugs, herbs, vitamins, etc.): \_\_\_\_\_

Allergies to foods and medications: \_\_\_\_\_

Do you have a regular exercise program? Yes \_\_\_ No \_\_\_ Please describe: \_\_\_\_\_

Do you eat a healthy diet? \_\_\_\_\_

Do you eat organic foods? \_\_\_\_\_

Do you read food labels? \_\_\_\_\_

Please list the foods you have eaten in the past 24 hours: \_\_\_\_\_

How many ounces of water do you drink daily? \_\_\_\_\_

How much coffee, tea, or cola do you drink daily? \_\_\_\_\_

LUNG & LARGE INTESTINE		
<input type="radio"/> Allergies	<input type="radio"/> Flatulence	<input type="radio"/> Smell problems
<input type="radio"/> Arm/shoulder pain	<input type="radio"/> Frequent colds	<input type="radio"/> Sweating problems
<input type="radio"/> Asthma	<input type="radio"/> Frontal/sinus HA	<input type="radio"/> Stiff joint/neck
<input type="radio"/> Constipation	<input type="radio"/> Grief/Sadness	<input type="radio"/> Weak voice
<input type="radio"/> Cough/Sneeze/Phlegm	<input type="radio"/> Loose stools	<input type="radio"/> Wheezing/SOB
<input type="radio"/> Eczema/Psoriasis/Rash	<input type="radio"/> Mucus	<input type="radio"/> Other
<input type="radio"/> Elbow pain	<input type="radio"/> Nasal problems	
<input type="radio"/> Fatigue/Tired	<input type="radio"/> Sinusitis	

KIDNEY & BLADDER MERIDIAN/ORGAN NETWORK		
<input type="radio"/> Adrenal weakness	<input type="radio"/> Impotence/libido	<input type="radio"/> Senility
<input type="radio"/> Back/hips/knees weak	<input type="radio"/> Infertility/sterility	<input type="radio"/> Sore throat
<input type="radio"/> Bladder infect./control	<input type="radio"/> Lack stamina	<input type="radio"/> Tinnitus (low)
<input type="radio"/> Brittle bones	<input type="radio"/> Lethargy/fatigue	<input type="radio"/> Urine output
<input type="radio"/> Cold hands/feet	<input type="radio"/> Loss/thinning hair	<input type="radio"/> Will power
<input type="radio"/> Dark/puffy around eyes	<input type="radio"/> Poor memory	<input type="radio"/> Other
<input type="radio"/> Depression/fera	<input type="radio"/> Premature gray	
<input type="radio"/> Edema/water ret.	<input type="radio"/> Sciatic/lumbago	

LIVER & GALLBLADDER MERIDIAN/ORGAN NETWORK		
<input type="radio"/> Anger/irritable/temper	<input type="radio"/> Flatulence	<input type="radio"/> PMS
<input type="radio"/> Blurry vision/spots	<input type="radio"/> Headaches	<input type="radio"/> Stiff neck
<input type="radio"/> Breast tenderness	<input type="radio"/> Hemorrhoids	<input type="radio"/> Stiff shoulders
<input type="radio"/> Brittle/coarse nails/hair	<input type="radio"/> Indigestion	<input type="radio"/> Tension/cramps
<input type="radio"/> Bruising	<input type="radio"/> Irritable bowel	<input type="radio"/> Tinnitus (high)
<input type="radio"/> Depression	<input type="radio"/> Menstrual irreg.	<input type="radio"/> Other
<input type="radio"/> Distention/bloating	<input type="radio"/> Migraines	
<input type="radio"/> Eye/vision problems	<input type="radio"/> Nausea/vomit	

HEART & SMALL INTESTINE MERIDIAN/ORGAN NETWORK		
<input type="radio"/> Abdominal pain	<input type="radio"/> Hot flashes	<input type="radio"/> Restless
<input type="radio"/> Anemia	<input type="radio"/> Hot painful joints	<input type="radio"/> Sleep problems
<input type="radio"/> Anxiety/dread	<input type="radio"/> Insomnia	<input type="radio"/> Tongue/speech
<input type="radio"/> Digestive troubles	<input type="radio"/> Lack of joy/humor	<input type="radio"/> Upper back pain
<input type="radio"/> Dream dist. Sleep	<input type="radio"/> Mouth/tongue sores	<input type="radio"/> Urine problems
<input type="radio"/> Elbow/shoulder pain	<input type="radio"/> Muscle tone	<input type="radio"/> Other
<input type="radio"/> Hearing problems	<input type="radio"/> Palpitations	
<input type="radio"/> Heart problems	<input type="radio"/> Poor circulation	

SPLEEN & STOMACH MERIDIAN/ORGAN NETWORK		
<input type="radio"/> Abdominal pain	<input type="radio"/> Distention/bloating	<input type="radio"/> Muscles weak
<input type="radio"/> Aching/heavy limbs	<input type="radio"/> Dyspepsia	<input type="radio"/> Nausea/vomit
<input type="radio"/> Anemia	<input type="radio"/> Gastritis	<input type="radio"/> Poor memory
<input type="radio"/> Appetite/digestive prob.	<input type="radio"/> Headaches	<input type="radio"/> Prolapsed
<input type="radio"/> Belching	<input type="radio"/> Hiccups	<input type="radio"/> Worry/overthinking
<input type="radio"/> Bruise easily	<input type="radio"/> Irritable bowel	<input type="radio"/> Other
<input type="radio"/> Colic/indigestion	<input type="radio"/> Lethargy/fatigue	
<input type="radio"/> Difficult to focus	<input type="radio"/> Loose stools	