

Name _____ Today's Date _____

Address _____

Town _____ County _____ Postcode _____

Email address _____

Phone: Home _____ Work _____ Mobile _____

Marital Status _____ Date of Birth _____ Age _____

No. of Children _____ Occupation _____

Is this your first time getting acupuncture? **Y / N** How did you hear about us?

Goals: What would you most like to achieve with acupuncture treatment?

Major Symptoms: Please list in order of importance what symptoms are of concern to you. (most concerning to least, along with the duration of the symptom)

Are you experiencing pain/discomfort
in any area of your body? **Y / N**

Please rate your pain level

1 2 3 4 5 6 7 8 9 10

Use the illustration to indicate painful
or distressed areas. Indicate the
location of the discomfort by using the
symbol that best describes the feeling.

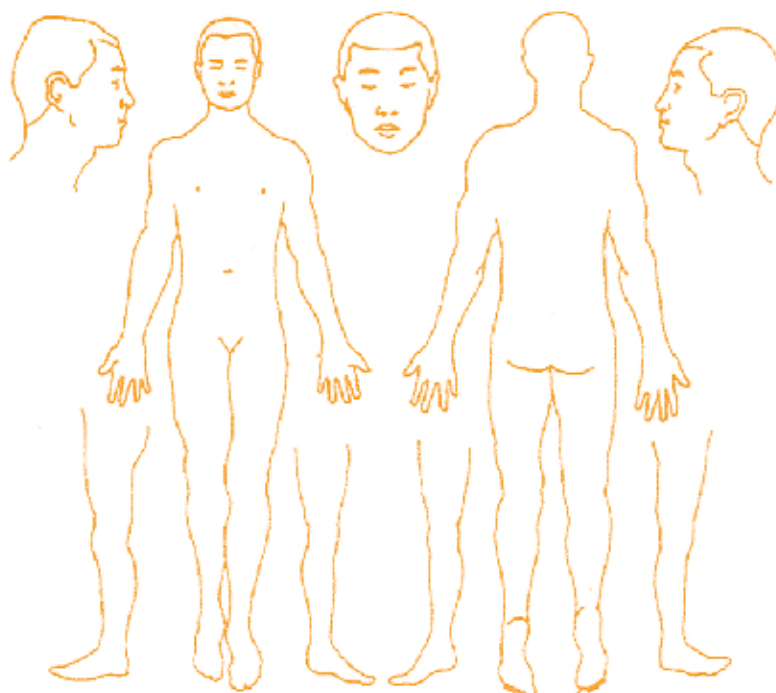
XXX Sharp/Stabbing

PPP Pins & Needles

DDD Dull/Aching

NNN Numbness

TTT Tightness/Spasms





Medical History

Do you or have you had any of the following conditions? if yes, please indicate date of diagnosis.

	Date Diagnosed		Date Diagnosed
Cancer type: _____	_____	Diabetes	_____
Heart Diseases	_____	Seizures	_____
Hepatitis	_____	Stroke	_____
High Blood Pressure	_____	Thyroid Disease	_____
High Cholesterol	_____	Other _____	_____

Please list any surgeries or major injuries with dates

List any medications or supplements you have taken in the last 2 months

Family History

Indicate close family members with any of the following

	Family Member		Family Member
Cancer (specify type) _____	_____	High Cholesterol	_____
Diabetes	_____	Heart Disease	_____
Stroke	_____	High Blood Pressure	_____
Alcoholism	_____		_____

Lifestyle Habits

Do you have an exercise routine? Please describe _____

How many hours per night do you sleep on average? _____ Do you wake rested? **Y / N**

Nicotine Use _____ Alcohol Use (#drinks/week and type): _____

Caffeine Use (#drinks/week and type): _____

Water intake (how much/day): _____

Briefly describe your dietary habits (#meals/day, type of food, when you eat main meal):

Please tick all that apply

Energy and Immunity

- Fatigue
- Allergies (specify)
- Chronic Fatigue Syndrome
- Thyroid Problems
- Tendency to catch colds

Head, Eye, Ears, Nose and Throats

- Eye dryness
- Blurr Vision
- Poor Night vision
- Ear Ringing
- Hearing Difficulties
- Headaches / Migraines
- Teeth Grinding / TMJ
- Sore Throat
- Chronic Sinus Congestion
- Dry Mouth
- Mouth Sores / Bleeding Gums
- Increase in Thirst

Emotions / Sleep

- Mood Swings
- Anxious / Worried
- Depressed
- Irritable
- Difficulty Making Decisions
- Stressed
- Insomnia
- Nightmares
- Difficulty Falling or Staying Asleep

Respiratory / Cardiovascular

- Shortness of Breath
- Asthma
- Chest Pain
- Palpitations / Fluttering
- Poor Circulation (Cold Hands/Feet)

- Chronic Cough
- Night Sweats
- Unusual Sweating
- Hot/Cold Intolerance

Gastrointestinal

- Ulcers
- Changes in Appetite
- Nausea / Vomiting
- Bloating / Pain
- Gas
- Heartburn / Acid Reflux
- Belching
- Haemorrhoids
- Diarrhoea
- Constipation
- Sudden Weight Change

Kidney / Urinary

- Painful Urination
- Frequent Urinary Tract Infections
- Frequent / Urgent Urination
- Edema / Swelling

Musculoskeletal

- Neck / Shoulder Pain
- Muscle Spasms / Cramps / Weakness
- Arm Pain
- Finger Pain / Tingling / Numbness
- Upper Back Pain
- Mid Back Pain
- Low Back Pain
- Leg / Knee Pain
- Foot / Ankle Pain
- Hip / Pelvic Pain
- Arthritis

Neurological

- Vertigo / Dizziness

- Numbness / tingling
- Difficulty Concentrating / Poor Memory

Skin

- Rashes / Eczema / hives / Psoriasis
- Dry Hair or Hair Loss
- Changes in Skin Colour
- Easy Bruising
- Acne
- Dry / Itchy Skin

Female Health

- Irregular Cycle
- Heavy Flow
- Light Flow
- Clots in Menstrual Blood
- Menstrual Related Moodiness
- Menstrual Related Breast Tenderness
- Menstrual Related Bloating
- Bleeding Between Cycles
- Painful Periods (is pain before, during and/or after period?)
- Hot Flashes
- Vaginal Dryness
- Breast Lumps / Cysts
- Uterine Fibroids
- Endometriosis
- Unusual Vaginal Discharge Odor
- Frequent Yeast Infections
- Decreased Libido

Male Health

- Prostate Enlargement
- Impotence
- Premature Ejaculation
- Decreased Libido
- Groin Pain