



Name _____ Gender F M Date of Birth ___/___/___

Address _____ Email _____

Occupation _____ Telephone _____

Emergency Contact _____ Telephone _____

Primary Physician _____ Telephone _____

Referred by _____

MAIN COMPLAINT AND PRESENT MEDICAL HISTORY

Main Concern _____

How long does this problem last? _____

Have you been given a diagnosis for this problem? If so, what? _____

Other Current Therapies: Western Medicine Acupuncture Herbs Massage Physical Therapy Chiropractor Reiki Homeopathy Other: _____

PRIOR MEDICAL HISTORY

Illnesses: Cancer Diabetes HBP Heart Disease Hepatitis Seizers Asthma Rheumatic Fever Thyroid Disease Venereal disease

Surgeries: _____

Significant Trauma (auto accidents, falls, etc.): _____

Medications: (prescription and OTC drugs, supplements, herbs. Taken within the last three months) _____

Allergies: _____

HABITS

Exercise(type) _____ Times per week _____

Cigarettes Alcohol Coffee Soda Sugar Salt Drugs Tea Other _____

Breakfast: _____ Lunch: _____ Dinner: _____

FAMILY MEDICAL HISTORY

Asthma Allergies Diabetes Cancer Stroke Heart disease High Blood Pressure Seizures Thyroid Hepatitis Rheumatic Fever Thyroid disease Other: _____

PLEASE CHECK IF YOU HAVE EXPERIENCED (IN THE LAST THREE (3) MONTHS)

GENERAL:

- Fevers Chills Fatigue Sweat easily
- Poor sleeping Night sweats Weight loss Cravings
- Weight gain Change in appetite Strong thirst for: Hot drinks Cold drinks
- Sudden energy drop, if so what time of day? _____
- Bleed or bruise easily Peculiar tastes or smells



MUSCULOSKELETAL:

- Neck pain
- Rotator cuff
- Knee pain
- Foot/ankle pain
- Muscle pain
- Muscle spasm
- Muscle weakness
- Shoulder pain
- Hip pain
- Sciatica
- Bursitis
- Hand/wrist pain
- Carpal tunnel
- Sprains/strains
- Tendonitis
- Back pain: Low _____ Middle _____ Upper _____

CARDIOVASCULAR:

- High blood pressure
- Low blood pressure
- Chest pain
- Fainti
- Irreg@lar heart beat
- Difficulty in breathing
- Blood clots
- Phleb
- Cold hands or feet
- Swelling of hands
- Swelling of feet
- Varicose or spider veins
- Palpitations
- Palpitations at rest
- Soreness/weakness of lower body (back, hip, knee, ankle, foot)

RESPIRATORY

- Cough
- Pain with deep breath
- Difficulty in Breathing
- Bronchitis
- Easily Sweating
- Easily Winded w/ Exertion when laying down
- Asthma
- Coughing Blood
- Phlegm
- Pneumonia
- Chest tightness

GASTROINTESTINAL:

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Gas
- Belching
- Black stools
- Blood in stools
- Indigestion
- Bad breath
- Rectal pain
- Hemorrhoids
- Bleeding gums
- Food stagnation
- Bloating/edema
- Acid reflux/GERD
- Hernia
- Excessive appetite
- Poor appetite
- IBS/Crohn’s disease
- Colitis
- Slow digestion
- Abdominal pain/cramps

GENITO-URINARY:

- Frequent urination
- Blood in urine
- Pain upon urination
- Urgency to urinate
- Unable to hold urine
- Kidney stones
- Decrease in flow
- Impotency
- Sores on genitals

REPRODUCTIVE & GYNECOLOGIC:

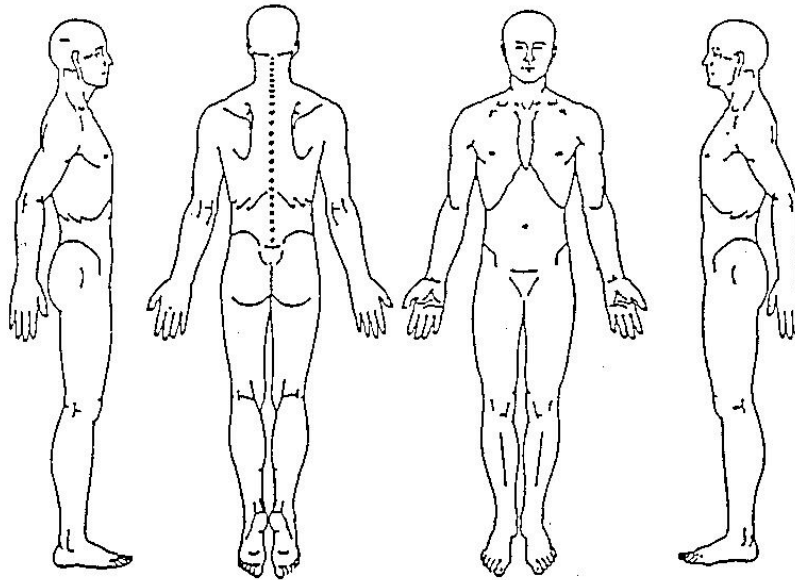
- Are you pregnant? Yes No Is it possible that you are pregnant? Yes No
- Number of pregnancies: _____ Live Births: _____ Miscarriages: _____
- Abortions: _____ Premature births: _____
- Age at first menses: _____ Time period between menses: _____
- Duration of menses: _____ Last PAP: _____
- Irregular periods
 - Painful periods
 - Clots
 - Breast lumps
 - Vaginal sores
 - Vaginal discharge
 - Vaginal dryness
 - Endometriosis
 - Uterine fibroids
 - Polycystic Ovarian disease
 - Fibrocystic breast tissue

NEUROLOGICAL & PSYCHOLOGICAL:

- Seizures
- Dizziness
- Loss of balance
- Areas of numbness
- Poor memory
- Concussion
- Poor coordination
- Bad temper
- Anxiety
- Depression
- Easily susceptible to stress
- Nervousness
- ADD/ADHD
- Manic depression

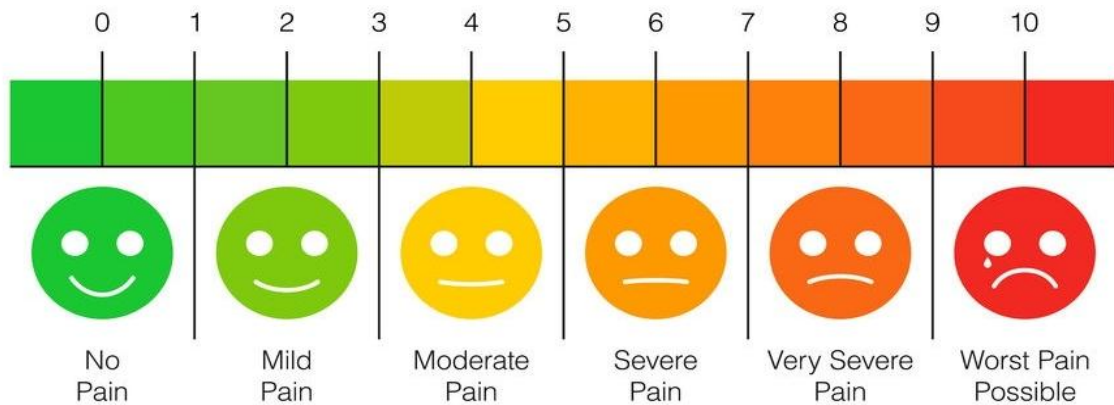


Please circle on the diagram any areas of any type of pain or injury:



Please try to describe the type of the pain _____

Please circle a number that best describes the intensity of your pain:



Nature of the pain: Dull Prickly Sharp Stabbing Burning Distention

Duration: Intermittent Occasional Continuous

COMMENTS: Please tell us briefly of any other problems you would like to discuss.
