



Acupuncture Patient Intake Form

GYNECOLOGICAL:

Currently pregnant Y / N

First Period: _____ (approx. age)

Last Period: _____ (YYYY/MM)

How long is your cycle, _____ (days)
on average?

For how many days does your _____ (days)
period last, on average?

Please Check All That Apply (C= Current, P=Past)

- | | | | |
|-------------------|---|--------------------|---|
| PMS | <input type="checkbox"/> C <input type="checkbox"/> P | Endometriosis | <input type="checkbox"/> C <input type="checkbox"/> P |
| Irregular Periods | <input type="checkbox"/> C <input type="checkbox"/> P | Infertility | <input type="checkbox"/> C <input type="checkbox"/> P |
| Painful Periods | <input type="checkbox"/> C <input type="checkbox"/> P | Low Sexual Drive | <input type="checkbox"/> C <input type="checkbox"/> P |
| Light Periods | <input type="checkbox"/> C <input type="checkbox"/> P | High Sexual Drive | <input type="checkbox"/> C <input type="checkbox"/> P |
| Heavy Periods | <input type="checkbox"/> C <input type="checkbox"/> P | Abnormal Discharge | <input type="checkbox"/> C <input type="checkbox"/> P |
| Fibroids | <input type="checkbox"/> C <input type="checkbox"/> P | Yeast Infection | <input type="checkbox"/> C <input type="checkbox"/> P |

Please Check All That Apply (C= Current, P=Past)

SKIN & HAIR

- Itching C P
- Rashes C P
- Eczema C P
- Psoriasis C P
- Bruise Easily C P
- Dry Skin / Scalp C P
- Acne C P

HEAD AND THROAT

- Headaches C P
- Migraines C P
- Dizziness C P
- Vertigo C P
- Floater C P
- Loss of smell C P
- Dry Throat C P
- Sore Throat C P
- Tinnitus C P

RESPIRATORY

- Cough C P
- Shortness of Breath C P
- Bronchitis C P
- Emphysema C P
- Pneumonia C P
- Asthma /Wheezing C P

CARDIOVASCULAR

- Pacemaker / EMD C P
- High Blood Pressure C P
- Low Blood Pressure C P
- Heart Attack C P
- Stroke / TIA C P
- Palpitations C P
- Fainting C P
- Haemophilia C P
- Clotting Disorder C P

GASTROINTESTINAL

- Trouble Digesting C P
- Nausea C P
- Ulcers C P
- Constipation C P
- Diarrhea C P
- IBS C P
- Crohn's or Colitis C P
- Hemorrhoids C P

URINARY

- Painful Urination C P
- Difficult Urination C P
- Frequent Urination C P
- Kidney Stones C P
- Kidney Disease C P
- UTI C P

MUSCULOSKELETAL

- Scoliosis C P
- Bursitis C P
- Tendonitis C P
- Sciatic Pain C P
- Arthritis C P
- TMJ C P
- Degenerating Disc C P
- Osteoporosis C P
- Fibromyalgia C P
- Chronic fatigue C P

PSYCHOLOGICAL & NEUROLOGICAL

- Anxiety C P
- Depression C P
- High Stress Level C P
- Low Stress Level C P
- Seizures C P
- Epilepsy C P
- Poor Sleep C P
- Shingles C P
- Bell's Palsy C P

ANDROLOGICAL/

Men's Health

- Enlarged Prostate C P
- Erectile dysfunction C P
- Low Sexual Drive C P
- High Sexual Drive C P

OTHER

- Anemia C P
- Loss of Sensation C P
- Loss of Balance C P
- Edema / Swelling C P
- Gallstones C P
- Cholecystitis C P
- Bad Breath C P
- Addiction C P

- Thyroid Problem C P
- Cancer C P
- Hepatitis C P
- Diabetes C P
- Tuberculosis C P
- HIV C P
- Phlebitis C P
- Anything else? C P