Address	Name				Birthdate / /	
City, State, Zip			Marital Status		Age	
City, State, Zip Work Cell	Address			\square M \square F	Ht Wt	
Home Phone Emergency Contact's Name & Phone Referred by Reason for visit today Have you had acupuncture before? Yes No	Email		y y			
Home Phone Emergency Contact's Name & Phone Referred by Reason for visit today Have you had acupuncture before? Yes No	City, State, Zi	p		Occupation		
Emergency Contact's Name & Phone Referred by Reason for visit today		 The state of the contract of the state of th	Work		Cell	
Referred by Reason for visit today Reason for visit specify Reason for visit place of the for visit specify Reason for visit place of the for visit specify Reason for visit place	Emergency Co	ontact's Name & Phon			<u> </u>	
Reason for visit today						
How long have you had this condition? Is it getting worse?					Chinese herbal medicine?	
Is it getting worse?	How long have	vou had this condition?			— 105 — 110	
What seems to make it better? What seems to make it worse? Are you under the care of a physician now?	to a little and the fall was the form of much his and before	 This is the first of the control of the state of the control of the	other your 🗆 Sleen 🗀	Work Other (s	specify)	
What seems to make it worse? Are you under the care of a physician now?						
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Are you under the care of a physician now?						
Physician's phone Other concurrent therapies Hearth-Insurance Info: Insurance Co. Name Address City, State, Zip Medicare Info: Insurance Co. Name Address City, State, Zip Medicare Info: Insurance Co. Name Address City, State, Zip Medicare Info: Insurance Co. Name Address City, State, Zip Family Medical History Allergies (list) Arthma Arthma Alcabolism Depression Depr			ow? D Yes D No	If ves. for what?		
Other concurrent therapies Health-Insurance Info: Insurance Co. Name Address City, State, Zip Medicare Info: Insurance Co. Name Address City State, Zip Medicare Info: Insurance Co. Name Address City State, Zip Family Medical History Allergies (list) Asthma Alcabolism Depression Depression Diabetes (Type:) Seizures Ostroke Depression Diabetes (Type:) Seizures Ostroke Diabetes (Type:) Seizures Ostroke Diabetes (Type:) Seizures Ostroke Depression Diabetes (Type:) Seizures Ostroke Diabetes (Type:			/ 200 = 110	A STANDARD AND A STANDARD STANDARD AND A STANDARD STANDAR	hone	
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Medicare Info: Insurance Co. Name Address City_State, Zip Family Medical History Oldergies (list)						
Medicare Info: Insurance Co. Name Address City_State, Zip Family Medical History Other (specified) O	City, State, Zip					
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Family Medical History Allergies (list)				The second secon		
Family Medical History Altergies (list)	was reading of action to be a supplied to			T HONG		
Arteriosclerosis Asthma Alcoholism Depression Diabetes (Type: Stroke S		al History				
Alcoholism		☐ Arteriosclerosis	☐ Cancer (type)	☐ Diabetes (Type:) 🚨 Seizures	
Your Past Medical History Check any of the following conditions you currently have, or have had in the past. Please also check if you feel any of the following are a significant part of your medical history.) AlDs/HIV			☐ Depression			
Check any of the following conditions you currently have, or have had in the past. Please also check if you feel any of the following are a significant part of your medical history.) Albertian and the past of the following are a significant part of your medical history.) Albertian and the past of the following are a significant part of your medical history.) Albertian and the past of the following are a significant part of your medical history.) Albertian and the past of the following are a significant part of your medical history.) Albertian and the past of the following are a significant part of your medical history.) Albertian and the past of the following are a significant part of your medical history.) Albertian and the past of the following are a significant part of your medical history.) Albertian and the past of your m				a Ingli blood pressure		
Alloher Diabetes (Type:) Multiple Sclerosis Surgery (list) Tuberculosis Alloher Diabetes (Type:) Multiple Sclerosis Surgery (list) Tuberculosis Typhoid fever Diabetes Epilepsy Pacemaker (Date:) Ulcers Ulcers Ulcers Other (Specify) Arteriosclerosis Goiter Pleurisy Pacemaker (Date:) Ulcers Ulce						
Alcholism Emphysema Mumps Typhoid fever Delegies Epilepsy Pacemaker (Date:) Ulcers Venereal disease Pheurisy Venereal disease Pheuronia Thyroid disorders Whooping cough Arteriosclerosis Gout Pheumonia Thyroid disorders Whooping cough Asthma Heart disease Polio Major trauma Other (Specify) Birth trauma Hepatitis (Type:) Rheumatic fever (Car, fall, etc-list) Cancer High blood pressure Seizures Chicken pox Measles Stroke Stroke Thirst for water: Appetite Low Coffee/Tea Protein Intake Low Artificial Sugar Thirst for water: High Sweeteners Salty foods # glasses per day: Average Daily Menu Morning Snack Noon Snack Evening Snack Snack Evening Snack Pharmaceuticals taken in the last 2 months:	Check any of the following control AIDs/HIV	onditions you currently have, or have had Diabetes (Type:	in the past. Please also check if you fe			
Appendicitis Goiter Pleurisy Venereal disease Arteriosclerosis Gout Pneumonia Thyroid disorders Whooping cough Asthma Heart disease Polio Major trauma Other (Specify) Rheumatic fever (Car, fall, etc-list) Other (Specify) Cancer High blood pressure Seizures Othicken pox Measles Stroke Your Diet Appetite Low Coffee/Tea Protein Intake Low Artificial Sugar Thirst for water: High Sweeteners Salty foods # glasses per day: Average Daily Menu Snack Noon Snack Evening Snack Snack	Alcoholism	☐ Emphysema	☐ Mumps	_ sanger, (mor)	Typhoid fever	
Arteriosclerosis Gout Pneumonia Thyroid disorders Whooping cough Asthma Heart disease Polio Major trauma Other (Specify) Birth trauma Hepatitis (Type:) Rheumatic fever (Car, fall, etc-list) Cancer High blood pressure Seizures Chicken pox Measles Stroke Your Diet Appetite Low Coffee/Tea Protein Intake Low Artificial Sugar Thirst for water: #glasses per day: High Soft Drinks/Fruit Juices High Sweeteners Salty foods #glasses per day: Average Daily Menu Morning Snack Noon Snack Evening Snack Pharmaceuticals taken in the last 2 months:)		
Birth trauma Hepatitis (Type: Rheumatic fever (Car, fall, etc-list) (your own birth) Herpes (Type: Scarlet fever Car, fall, etc-list) (your own birth) Herpes (Type: Scizures Chicken pox High blood pressure Scizures Chicken pox Measles Stroke Stroke Stroke Stroke Stroke Sugar Thirst for water: High Soft Drinks/Fruit Juices High Sweeteners Salty foods # glasses per day: Average Daily Menu Snack Noon Snack Evening Snack Sna					☐ Whooping cough	
(your own birth)		- Control of the Cont	and the second s		U Other (Specify)	
Your Diet				, , , , , , , , , , , , , , , , , , , ,		
Average Daily Menu Torning Snack Noon Snack Evening Snack						
Average Daily Menu Morning Snack Noon Snack Evening Snack Charmaceuticals taken in the last 2 months:	Valle Diat					
High Soft Drinks/Fruit Juices High Sweeteners Salty foods #glasses per day: Average Daily Menu Morning Snack Noon Snack Evening Snack Pharmaceuticals taken in the last 2 months:		Coffee/Tea Protoin 1	ntaka DI ow D Autificial	D Sugar	Things 6	
Morning Snack Noon Snack Evening Snack Pharmaceuticals taken in the last 2 months:						
Pharmaceuticals taken in the last 2 months:	Average Daily Mo	enu				
			a Snack	Evening	Snack	
Andrews of the state of the sta						
Practitioner Use Only	ламино/оприсшентя такен і					

Your Lifestyle	*			
☐ Alcohol ☐ Tobacco	☐ Marijuana ☐ Drugs	☐ Stress ☐ Occupational hazards	Regular Exercise Type Type	FrequencyFrequency
General Sympton	ns		W-2(48-81-444)	
Poor appetite	☐ Poor sleep	☐ Bodily heaviness	☐ Chills	☐ Bleed or bruise easily
☐ Heavy appetite	☐ Heavy sleep	Cold hands or feet	☐ Night sweats	Peculiar taste (Describe)
☐ Strongly like cold drinks	☐ Dream-disturbed sleep	☐ Poor circulation	☐ Sweat easily	
☐ Strongly like hot drinks ☐ Recent weight loss/gain	☐ Fatigue ☐ Lack of strength	☐ Shortness of breath ☐ Fever	☐ Muscle cramps ☐ Vertigo or dizziness	
	Cack of strength	G Pever	a verugo or dizzmess	
Head, Eyes, Ears,	, Nose, Throat			
☐ Glasses (What age:)	☐ Night blindness	☐ Gum problems	☐ Recurrent sore throat	☐ Headaches
☐ Eye strain	☐ Myopia or Presbyopia	☐ Sores on lips or tongue	☐ Swollen glands	☐ Migraines
☐ Eye pain	☐ Glaucoma	☐ Dry mouth	☐ Lumps in throat	☐ Concussions
Red eyes				Other head or neck problems
☐ Itchy eyes ☐ Spots in eyes	☐ Teeth problems ☐ Grinding teeth	☐ Sinus problems	☐ Nosebleeds ☐ Ringing in ears (High or Low?)	
☐ Poor vision	Description □ Grinding teeth □ Excessive phlegm □ TMJ □ Color: □		Poor hearing	- Company
☐ Blurred vision	☐ Facial pain		☐ Earaches	The Language of the Language o
Respiratory				
□ Difficulty breathing when	D reals about	D.C		
lying down	☐ Tight chest☐ Asthma/wheezing	☐ Cough Wet or Dry?	Color of phlegm	☐ Coughing up blood☐ Pneumonia
☐ Shortness of breath	☐ Difficult inhalation? exhalation?	Thick or thin?	# OF THE RESERVE TO T	☐ Pheumonia
Cardiovascular				
	Dr. II.		D. T	
☐ High blood pressure ☐ Blood clots	☐ Low blood pressure ☐ Fainting	☐ Chest pain☐ Difficulty breathing	☐ Tachycardia ☐ Heart palpitations	☐ Phlebitis ☐ Irregular heartbeat
a blood cross	- Panting	a Difficulty Dieaming	□ Heart parpitations	G irregular heartbear
Gastrointestinal				
☐ Nausea	☐ Diarrhea	☐ Intestinal pain or cramping	Bowel movements:	
☐ Vomiting	☐ Constipation	☐ Burning anus		
Acid regurgitation	☐ Black stools	Rectal pain	Frequency	Texture/form
☐ Gas ☐ Hiccup	☐ Bloody stools ☐ Mucous in stools	☐ Anal fissures ☐ Laxative use	Color	Odon
☐ Bloating	☐ Hemorrhoid	What kind?	Color	Odor
☐ Bad breath	☐ Itchy anus	How often?		
Musculoskeletal				
Neck/shoulder pain	D Managharia	D 1-1-41-	Dx:::::4.3	04-0-11
☐ Muscle pain	☐ Upper back pain☐ Low back pain	☐ Joint pain ☐ Rib pain	☐ Limited range of motion☐ Limited use	Other (Describe)
01: 111:	THE PARTY OF THE P			
Skin and Hair	Dr			
☐ Rashes ☐ Hives	□ Eczema □ Psoriasis	☐ Dandruff ☐ Itching	☐ Change in hair/skin texture ☐ Fungal infections	Other hair or skin problems
☐ Ulcerations	☐ Acne	☐ Hair loss	G Fungai infections	
N1				
Neuropsychologic		Dx		
☐ Seizures ☐ Numbness	☐ Poor memory ☐ Depression	☐ Irritability	☐ Considered/attempted	Other (Specify)
☐ Tics	☐ Anxiety	☐ Easily stressed ☐ Abuse survivor	suicide ☐ Seeing a therapist	
Oiti				
Genitourinary	D		net	
Pain on urination	Blood in urine	☐ Venereal disease	☐ Increased libido	☐ Impotence
☐ Frequent urination ☐ Urgent urination	☐ Unable to hold urine ☐ Incomplete urination	☐ Bedwetting ☐ Wake to urinate	☐ Decreased libido ☐ Kidney stone	☐ Premature ejaculation ☐ Nocturnal emission
Gynecology				
☐ Age menses began	☐ Duration of flow	☐ Vaginal discharge	☐ Breast lumps	Date of last PAP
		(color)	# Pregnancies	
Length of cycle (day 1 to day 1)	☐ Irregular periods	☐ Vaginal sores	# Live births	David San Control
	☐ Painful periods ☐ PMS	☐ Vaginal odor ☐ Clots	# Premature birthsAge at menopause	Date last period began
A.1				
Other				