Five-Element Acupuncture Health History Questionnaire

PATIENT INFORMATION	CONTACT INFORMATION
Date Name Address City State Zip AgeBirthdate	CONTACT INFORMATION Home phone Work phone Cell phone Best way to contact: CellHomeWork Email
Occupation Company name Primary physician Physician phone number How did you hear about Five-Element Acupuncture?	Another person we may contact if needed: Name Relationship Cell phone Work phone
What are your primary concerns for coming in for treatment? 1	Check symptoms you have or have had in the last year: Depression Difficulty in focusing Dizziness Easily startled Excessive worry Excessive anger Excessive fear Fatigue/tiredness Headaches
List Supplements you are taking: List serious illnesses, accidents or surgeries:	□ Loss of sleep/poor sleep □ Loss or gain of weight □ Nervousness/irritability □ Overwhelmed by life Check conditions you have or have had in the past: □ AIDS □ Allergies □ Anemia □ Arthritis
Check illnesses that have occurred in blood relatives. DiabetesHigh blood pressureStroke CancerHeart diseaseKidney disease	 □ Bleeding disorders □ Breast lump □ Cancer □ Hepatitis □ Diabetes How long has it been since you have had a complete medical exam?

Check symptoms you have or have had in the last year: MUSCLE/JOINT/BONES Temors or Cramps Swollen joints Pain, weakness, numbness in: Ams of Hips Back Legs Back Legs Peer Neck Hands Shoulders Other Starkma/wheezing Blurred or fairing vision Difficulty breathing Earache Enlarged glands Fey pain Frequent colds Hay fever Hoarseness Gum trouble Nose bleeds Coss of hearing Persistent cough Ringing in ears Simus problems SKIN Boils Bruise easily Dry skin Elching/rash Sensitive skin Sone won't heal Sweats Extered to the best of my knowledge. Signature Date Chest pain Hardening of arteries High or low blood pressure Pain over heart Poor circulation Provious heart attack Rapid/irregular heart beat Swelling of ankles Pacemaker Beleding disorder GASTROINTESTINAL Beleding, gas or bloating Constipation Diarrhea Diarrhea Diarrhea Diarrhea Diarrhea Distriction of abdomen Excessive hunger Gall bladder trouble Hemorrhoids (piles) Indigestion Nausea Pain over stomach Poor appetite Vomiting FOR MCN ONLY Received Heavier of the legal of the provest of th	HEALTH HISTORYCONTINUED		
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