ACUPUNCTURE INTAKE FORM

Medical History

Please list prescription drugs that you are currently taking:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Please list any over the counter medications that you are taking:

1. _____ 2. _____ 3. _____

Please List Supplements/Vitamins/Herbs that you are currently taking:

1. _____ 2. _____ 3. _____

Main complaint: _____

_____

Other complaints: 1) _____

2) _____

3) _____

If you are currently experiencing these symptoms, or have in the last 3 months, please check the appropriate box:

Lung & Large Intestine Meridian/Organ Network

- ☐ Allergies
- ☐ Arm/wrist/elbow pain
- ☐ Asthma/bronchitis
- ☐ Constipation
- ☐ Cough/sneeze/phlegm
- ☐ Eczema/psoriasis/rash
- ☐ Flatulence
- ☐ Frequent colds
- ☐ Frontal/sinus HA
- ☐ Grief/sadness
- ☐ Lethargy/fatigue
- ☐ Loose stools
- ☐ Mucus
- ☐ Nasal problems
- ☐ Shoulder pain
- ☐ Sinusitis
- ☐ Smelling problem
- ☐ Stiff joints/neck
- ☐ Sweating problem
- ☐ Weak voice
- ☐ Wheezing/SOB

Kidney & Bladder Meridian/Organ Network

- ☐ Adrenal weakness
- ☐ Back/hip/knee pain
- ☐ Bladder infec./control
- ☐ Brittle bones
- ☐ Cold hands/feet
- ☐ Edema/water retention
- ☐ Hot Flashes
- ☐ Impotence/libido
- ☐ Infertility/fatigue
- ☐ Loss/thinning hair
- ☐ Premature gray
- ☐ Sciatica/back pain
- ☐ Sore throat in a.m.
- ☐ Tight hamstrings
- ☐ Tinnitus
- ☐ Dark/puffy around eyes
- ☐ Depression/fear
- ☐ Night sweats
- ☐ Poor memory
- ☐ Urine problem

Liver & Gallbladder Meridian/Organ Network

- ☐ Anger/irritability
- ☐ Breast tenderness
- ☐ Brittle/coarse nails/hair
- ☐ Bruising
- ☐ Depression
- ☐ Distention/bloating
- ☐ Eye/vision
- ☐ Flatulence
- ☐ Headaches
- ☐ Hemorrhoids
- ☐ Indigestion
- ☐ Irritable bowel
- ☐ IT band tightness
- ☐ Lack of flexibility
- ☐ Menstrual irreg.
- ☐ Migraines
- ☐ Nausea/vomiting
- ☐ PMS
- ☐ Stiff neck/shoulders
- ☐ Tension/cramps
- ☐ Tinnitus

Heart & Small Intestine Meridian/Organ Network

- ☐ Abdominal pain
- ☐ Anemia
- ☐ Anxiety/dread
- ☐ Digestive troubles
- ☐ Dream dist. Sleep
- ☐ Elbow/shoulder pain
- ☐ Fainting
- ☐ Hearing problems
- ☐ Heart problems
- ☐ High blood pressure
- ☐ Hot flashes
- ☐ Hot/painful joints
- ☐ Lack of joy/humor
- ☐ Low blood pressure
- ☐ Mouth sores
- ☐ Neck pain
- ☐ Palpitations
- ☐ Poor circulation
- ☐ Restlessness
- ☐ Sleep problems
- ☐ Tongue/speech
- ☐ Upper back pain
- ☐ Urine problems
- ☐ Varicose veins
- ☐ Wrist pain

Spleen & Stomach Meridian/Organ Network

- ☐ Abdominal pain
- ☐ Aching/heavy limbs
- ☐ Anemia
- ☐ Appetite/digestive prob.
- ☐ Belching
- ☐ Bruise easily
- ☐ Colic/indigestion
- ☐ Difficulty focusing
- ☐ Distention/bloating
- ☐ Dizziness
- ☐ Headaches
- ☐ Heaviness at head
- ☐ Hemorrhoids
- ☐ Hiccups
- ☐ Irritable bowel
- ☐ Lethargy/fatigue
- ☐ Loose stools
- ☐ Muscle weakness
- ☐ Nausea/vomiting
- ☐ Poor memory
- ☐ Prolapse
- ☐ Worry/overthinking

Skin

- ☐ Warts or athletes foot
- ☐ Shingles
- ☐ Other:_____

Other

- ☐ Atherosclerosis
- ☐ Blood clots
- ☐ Diabetes:_____
- ☐ Heart attack:_____
- ☐ Heart disease
- ☐ Hepatitis:_____
- ☐ HIV+/AIDS:_____
- ☐ Stroke:_____

Menstrual Cycle (Acupuncture only)

- ☐ Regular (_____ Days)
- ☐ PMS (cramping, bloating, headaches, back pain)
- ☐ Period lasts _____days

Color:

- ☐ Dark red
- ☐ Fresh red
- ☐ Brown
- ☐ Clots