



Jade Spring Wellness Center

ACUPUNCTURE • MASSAGE THERAPY • CHINESE HERBAL MEDICINE

PATIENT HEALTH HISTORY QUESTIONNAIRE

Name _____	Sex _____	DOB _____	Age _____
Phone (home) _____	(work) _____	(cell) _____	
Street _____			
City _____	State _____	Zip _____	Email _____
Would you like to receive our monthly online newsletters? Y/N _____			
Occupation _____	Marital Status _____		
Family Physician (name & phone) _____			
Emergency Contact (name) _____	(relation) _____	(phone) _____	
Whom may we thank for referring you _____			

Have you been treated by acupuncture or oriental medicine before? _____

What are the main problem(s) you would like us to help you with?

How long did this problem begin? *(be specific)* _____

To what extent does this problem interfere with your daily activities? (work, sleep, sex)

Have you been given a diagnosis for this problem(s)?

What kind of treatments have you tried? _____

Do you have a pacemaker? _____



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General

- Alcoholism
- Anxiety
- Anemia
- Cancer
- Chronic Fatigue Syndrome
- Depression
- Drug Addiction
- High Cholesterol
- HIV/AIDS
- Diabetes
- Hyperthyroidism

- Hypothyroidism
- Insomnia
- Fatigue
- Fibromyalgia
- Gout
- Hypoglycemia
- Osteoarthritis
- Rheumatoid arthritis
- Shingles
- Stress

Body Regulation

- Day sweats
- Hot flashes
- Night sweats
- Aversion to Heat
- Aversion to Cold
- Cold hands/feet
- Excessive Thirst
- Thirst but no desire to drink
- No thirst

Gastrointestinal

- Gastrointestinal
- Gallbladder problems
- Liver Problems
- Distress w/ greasy foods
- Abdominal pain
- Belching
- Abdominal bloating
- Food Allergies
- Heartburn
- Nausea
- Diarrhea
- Blood in stool

- Constipation
- Mucus in Stools
- Undigested food in stool
- Colitis
- Ulcers
- Hiatal Hernia
- Vomiting
- Bitter taste in mouth
- Recent weight gain
- Recent weight loss
- Other _____

Cardiovascular

- Pain over heart
- Heart attack
- Swelling in ankles
- Irregular heart beat
- High blood pressure
- Low blood pressure
- Stroke
- Palpitations
- Other _____

Nervous System

- Nervous System
- Dizziness
- Vertigo
- Fainting
- Discoordination
- Numbness/Tingling
- Epilepsy
- ALS
- Parkinson's Disease
- Multiple Sclerosis
- Other _____

Ear, Nose, Throat

- Vision Problems
- Hearing Loss
- Ear Pain
- Tinnitus
- Dental Problems
- Nose Bleeds
- Difficulty breathing
- Sore throat
- Hoarseness
- Difficult speech
- Other _____

Urinary Tract

- Blood in Urine
- Difficult urination
- Urinary Infections
- Painful Urination
- Bladder Infection
- Kidney Stones
- Other _____

Respiratory

- Allergies
- Chest pain
- Spitting up blood
- Shortness of breath
- Chronic cough
- Coughing phlegm
- Emphysema
- Asthma
- Other _____

Sleep

- Difficulty falling asleep
- Difficulty staying asleep
- Difficulty waking
- Waking unrested
- Vivid Dreams
- Nightmares
- Restlessness
- Other _____

Skin

- Acne
- Allergic Dermatitis
- Bruise easily
- Cysts
- Dandruff
- Moles
- Psoriasis
- Rashes
- Other _____

Women Only

- Irregular Periods
- Menstrual cramps
- Spotting
- Excessive flow
- Headaches with period
- Painful breasts
- Lumps in breasts
- Mastectomy

- Hysterectomy
- Premenstrual Depression
- Vaginal Discharge
- Menopausal Symptoms
- Heavy Periods
- Other _____

Men Only

- Burning Urination
- Difficulty passing urine
- Night Urination
- Incomplete bowel movement
- Prostrate trouble
- Dripping after urination
- Other _____