

Health History Questionnaire

The Gathering Point Community Acupuncture

1927 E. Grant Rd., Tucson, AZ 85719

Patient Information

Date _____

Name _____

Address _____

City State Zip _____

Age _____ Birthdate _____

Occupation _____

Company name _____

Primary physician _____

Physician phone number _____

How did you hear about us? _____

Health History

What are your primary concerns for coming in for treatment?

1 - _____

2 - _____

3 - _____

How is your sleep? _____

How is your digestion? _____

List medications or food supplements you are taking.

List serious illnesses, accidents or surgeries.

Check illnesses that have occurred in blood relatives:

Diabetes High blood pressure Stroke

Cancer Heart disease Kidney disease

Contact Information

Home phone _____

Work phone _____

Other/cell phone _____

Email _____

Another person we may contact if needed:

Name _____

Relationship _____

Home phone _____

Work phone _____

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
- 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
- Bleeding disorders
- Breast lump
- Cancer
- Diabetes

How long has it been since you have had a complete medical exam? _____

Health History (Continued)

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES

- Tremors & Cramps
- Swollen joints
- Pain, weakness, numbness in:
 - Arms or Hips
 - Back Legs
 - Feet
 - Neck
 - Hands
 - Shoulders
 - Other _____

EYES/EAR/NOSE/THROAT/RESPIRATORY

- Asthma/wheezing
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

SKIN

- Boils
- Bruise easily
- Dry skin
- Itching/rash
- Sensitive skin
- Sore won't heal
- Sweats

GENITO/URINARY

- Blood/pus in urine
- Frequent urination
- Inability to control urine

CARDIOVASCULAR

- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

GASTROINTESTINAL

- Belching, gas or bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting

FOR MEN ONLY

- Erection difficulties
- Penis discharge
- Prostate trouble

FOR WOMEN ONLY

- Bleeding between periods
- Clots in menses
- Excessive menstrual flow
- Extreme menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow
- Could you be pregnant? _____

Signature

The information on this form is correct to the best of my knowledge.

Signature _____

Date _____