

**Boston Chinese Acupuncture
Health History Questionnaire**

Name _____ Sex: Male Female

Date of birth _____ Referred by _____ Occupation: _____

Address: Street Apt.
 City State Zip

Home phone: _____ Work phone: _____
Marital status Emergency contact

Have you been treated with acupuncture or oriental medicine before? Yes No
Main concern(s) you would like for us to help you with

Medical History (please circle all that apply)

Cancer	Diabetes	Hepatitis A B C	High blood pressure
Heart disease	Rheumatic fever	Seizures	Stroke
Thyroid disease	Venereal Disease	Other	

Surgeries _____
Significant trauma (auto accidents, falls, etc.) _____
Allergies (drugs, chemicals, foods) _____

Medications taken in the past two months (vitamins, drugs, herbs, etc.) _____

Have you ever been on a restricted diet? If yes, what kind? _____

Do you smoke? If yes, how much? _____

Please check if you have had (in the past three months):

General

- Poor sleeping
- Night sweats
- Fevers
- Chills
- Cravings
- Sweat easily
- Weight loss
- Change in appetite
- Bleed or bruise easily
- Strong thirst (hot or cold drinks)
- Weight gain
- Peculiar tastes or smells
- Fatigue
- Sudden energy drop (what time of a day?)

Skin & Hair

- Rashes
- Ulceration
- Hives
- Fevers
- Itching
- Eczema
- Pimples
- Dandruff
- Loss of hair
- Recent moles
- Changes in hair or skin texture
- Any other hair or skin problems

Head, eyes, ears, nose, and throat:

- Dizziness
- Concussions
- Migraines
- Glasses
- Eye strain
- Eye pain
- Poor vision
- Night blindness
- Color blindness
- Cataracts
- Blurry vision
- Earaches
- Ringing in ears
- Poor hearing
- Spots in front of eyes
- Sinus problems
- Nose bleeds
- Recurrent sore throats
- Grinding teeth
- Facial pain
- Sores on lips or tongue
- Teeth problems
- Jaw clicks
- Headaches (where, when?)

Cardiovascular:

- High blood pressure
- Low blood pressure
- Chest pain
- Irregular heartbeat
- Swelling of hands
- Fainting
- Cold hands and feet
- Phlebitis
- Swelling of feet
- Blood clots
- Difficulty in breathing
- Any other heart and blood vessel problems

Respiratory:

- Cough
- Coughing blood
- Asthma
- Bronchitis
- Pneumonia
- Pain with a deep breath
- Difficulty in breathing when lying down
- Production of phlegm; what color
- Any other lung problems

Gastrointestine

- Nausea
- Vomiting
- Diarrhea
- Constipation
- Gas
- Belching
- Black stool
- Blood in stools
- Indigestion
- Bad breath
- Rectal pain
- Hemorrhoids

- Abdominal pain or cramps
- Chronic laxative use
- Poor appetites
- Any other problems with your stomach or intestines

Genito-Urinary

- Pain upon urination
- Blood in urine
- Kidney stones
- Sores on genitals
- Any particular color of your urine
- Any other problems with your genital or urinary system
- How many times per day do you urinate:
- Urgency to urinate
- Decrease in urine flow
- Do you wake up to urinate? How often
- Unable to hold urine
- Impotence

Musculoskeletal

- Neck pain
- Muscle weakness
- Hip pain
- Muscle pain:
- Foot/ankle pains
- Any other joint or bone problems
- Knee pain
- Hand/wrist pains
- Back pain
- Shoulder pain

Neuropsychological

- Seizure
- Areas of numbness
- Concussion
- Bad temper
- Have you ever been treated for emotional problems?
- Have you ever considered or attempted suicide?
- Any other neurological or psychological problems?
- Lack of coordination
- Depression
- Easily susceptible to stress
- Tremors
- Loss of balance
- Poor memory
- Anxiety

Men only

- Genital pain
- Penis discharge
- Impotence
- Nocturnal emission
- Genital sores
- Lump in testicles
- Low sexual energy