

## Acupuncture Questionnaire

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Please "X" the appropriate box for any of the following symptoms which you now have or have had previously:

WATER ELEMENT	FIRE ELEMENT	WOOD ELEMENT	EARTH ELEMENT	METAL ELEMENT
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Dry Scalp	<input type="checkbox"/> Headaches	<input type="checkbox"/> Indigestion	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Skin Eruptions, Rashes	<input type="checkbox"/> Migraines	<input type="checkbox"/> Flatulence	<input type="checkbox"/> Asthma
<input type="checkbox"/> Lower Backache / Neck Pain	<input type="checkbox"/> Cysts, Tumors	<input type="checkbox"/> Ringing in Ears	<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Shallow Breathing
<input type="checkbox"/> Sinus Congestion	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Poor Eyesight	<input type="checkbox"/> Stomach Ache / Ulcer	<input type="checkbox"/> Cough
<input type="checkbox"/> Edema	<input type="checkbox"/> Sore Throat, Tonsillitis	<input type="checkbox"/> Eye Infections	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sinus Congestion
<input type="checkbox"/> Darkness under Eyes	<input type="checkbox"/> Lymphatic Swelling	<input type="checkbox"/> Dry Eyes	<input type="checkbox"/> Anemia	<input type="checkbox"/> Nasal Infections
<input type="checkbox"/> Emotional Instability	<input type="checkbox"/> Hot Palms and Soles	<input type="checkbox"/> Eczema	<input type="checkbox"/> Halitosis	
<input type="checkbox"/> Aversion to Cold	<input type="checkbox"/> Heart Palpitations	<input type="checkbox"/> Shingles	<input type="checkbox"/> Sores in Mouth	
<input type="checkbox"/> Hair thinning / Loss	<input type="checkbox"/> Aversion to Heat	<input type="checkbox"/> Herpes Complex	<input type="checkbox"/> Heartburn	
<input type="checkbox"/> Premature Aging	<input type="checkbox"/> Bitter Taste in Mouth	<input type="checkbox"/> Warts	<input type="checkbox"/> Strong Appetite	
<input type="checkbox"/> Frequent Urination	<input type="checkbox"/> Gum Problems	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Weak Appetite	
<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Nose Bleed	<input type="checkbox"/> Convulsions, Spasms	<input type="checkbox"/> Nausea	
<input type="checkbox"/> Perspire Easily	<input type="checkbox"/> Facial Redness	<input type="checkbox"/> Irritability	<input type="checkbox"/> Abdominal Bloating	
<input type="checkbox"/> Weakness of Legs / Knees	<input type="checkbox"/> Itching / Burning Skin	<input type="checkbox"/> Constipation	<input type="checkbox"/> Low Body Weight	
<input type="checkbox"/> Asthmatic Cough	<input type="checkbox"/> Hot Hands / Feet	<input type="checkbox"/> Hemorrhoids		
<input type="checkbox"/> Rapid Weight Change	<input type="checkbox"/> Thirst	<input type="checkbox"/> Hepatitis		
<input type="checkbox"/> Loose Teeth	<input type="checkbox"/> Vivid Dreaming	<input type="checkbox"/> Ulcer		
<input type="checkbox"/> Reduced Sexual Energy	<input type="checkbox"/> Dark Urine	<input type="checkbox"/> Vomiting		
<input type="checkbox"/> Thyroid Problems	<input type="checkbox"/> Night Sweats	<input type="checkbox"/> Gallstones		
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Indecisive		
		<input type="checkbox"/> Fullness Below the Ribs		
		<input type="checkbox"/> Shoulder / Neck Tension		
		<input type="checkbox"/> Insomnia 11pm—3am		

  

COLDNESS	HEAT	DAMPNESS	DEFICIENCY	DRYNESS
<input type="checkbox"/> Hypersensitive to cold in climate, food and drinks	<input type="checkbox"/> Hypermetabolic, easily flushed and irritated	<input type="checkbox"/> Feels heavy, hard to move	<input type="checkbox"/> Intolerance to extremes of either cold or heat	<input type="checkbox"/> Feels tired: lacks energy or has energy in spurts
<input type="checkbox"/> Slow movements and mannerisms	<input type="checkbox"/> Moves quickly, very active	<input type="checkbox"/> Easily develops phlegm or mucus	<input type="checkbox"/> Feels tired: lacks energy	<input type="checkbox"/> Chest, palms, and soles of feet hot
<input type="checkbox"/> Catches colds easily	<input type="checkbox"/> Red face, and / or neck	<input type="checkbox"/> Tends to be overweight	<input type="checkbox"/> Pale complexion, anemic	<input type="checkbox"/> Prone to sickness: lowered immunity
<input type="checkbox"/> Pale complexion	<input type="checkbox"/> Is prone to inflammatory diseases and conditions	<input type="checkbox"/> May feel warm or cool. May sweat easily. Possible thirst but no desire to drink.	<input type="checkbox"/> Prone to sickness, including colds, flus, and fevers	<input type="checkbox"/> Pale or superficially red nose and cheeks, anemic
<input type="checkbox"/> Frequently feels cold, doesn't sweat, no thirst	<input type="checkbox"/> Frequently feels warm or hot. Wears light summer clothes early in Spring. Sweats easily.	<input type="checkbox"/> May have a tendency to diarrhea, edema, or mucus discharges from the lungs, vagina, or anus.	<input type="checkbox"/> Doesn't want to move: hard to complete things	<input type="checkbox"/> Restless, irritable, poor sleep or insomnia. Dryness



## Acupuncture Disclosure and Consent

### Disclosure of the Risks and Benefits of Acupuncture Care

The World Health Organization has identified numerous conditions Acupuncture has successfully treated – not by attacking the condition, but by restoring the balance of the body, mind and spirit's energy and communication system. Acupuncture practitioners are trained not only in the technical skills, but in healing and centering of growth and well-being. Their training and experience utilizes a refined system of corollaries in the inquiry process, assessing, evaluations and treating the imbalances in oneself. Many Acupuncture practitioners offer herb, nutritional and lifestyle counseling as well as breathing techniques, exercise and other approaches to support a person's sense of health and wholeness.

Acupuncture is quite safe. Acupuncture practitioners are trained in strict standards set by the National Commission for the certification of Acupuncturists for clean needle technique and must abide by the standards set by Occupational Safety and Health Administration regarding proper hygiene and sterilization of equipment, disposal of hazardous materials as well as precautions regarding blood borne pathogens and clean needle technique.

### Consent for Acupuncture Treatment

I, the undersigned, am aware of both the benefits and risks of Acupuncture treatment. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments. I realize that Acupuncture care may / may not be covered at this time by Medicare or my insurance companies and I am advised to speak with my insurance agent. I am hereby advised to consult with my primary care medical physician (if this practitioner is not such) on medical issues and understand that Acupuncture, Oriental Medicine or alternative care is not substituting for appropriate medical advice and care from a Medical Doctor.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check one: Patient \_\_\_\_\_ Client \_\_\_\_\_ Parent \_\_\_\_\_ Guardian \_\_\_\_\_