

**Oded Schneiderman Acupuncture LLC**  
**1801 NE 123rd Street, North Miami 33181**  
**Suite 314**  
**646-784-0160**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

OCCUPATION \_\_\_\_\_

REFERRED BY \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

MAY I COMMUNICATE WITH YOUR PHYSICIAN REGARDING YOUR TREATMENT?      YES      NO

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WHAT ARE THE MAIN CONDITIONS YOU WOULD LIKE TO BE HELPED WITH?

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WHEN DID IT/THEY BEGIN? WHAT CAUSED IT/THEM?

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WHAT MAKES IT/TEHM BETTER? WHAT MAKES IT/THEM WORSE?

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TO WHAT EXTENT DOES THIS INTERFERE WITH YOUR DAILY LIFE (SLEEP, WORK, PLAY, STRESS, ETC)?

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WHAT IS THE LEVEL OF PAIN YOU ARE EXPERIENCING?

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WHAT LEVEL OF EMOTIONAL DISTRESS IS THIS CONDITION CAUSING YOU?

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HAVE YOU BEEN GIVEN A MEDICAL DIAGNOSIS? IF SO, PLEASE EXPLAIN.

WHAT KINDS OF TREATMENT HAVE YOU TRIED?

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ARE YOU PRESENTLY BEING TREATED WITH OTHER HEALTH CARE MODALITIES? IF SO, WHICH?

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## **FAMILY HISTORY**

PLEASE NOTE ALL MAJOR ILLNESSES IN YOUR FAMILY, SUCH AS DIABETES, HEART DISEASE, BLOOD PRESSURE, NEUROLOGICAL DISORDERS, PSYCHOLOGICAL DISORDERS, BLOOD DISORDERS, ETC.

GRANDPARENTS: \_\_\_\_\_

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PARENTS: \_\_\_\_\_

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SIBLINGS: \_\_\_\_\_

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## **HEALTH HISTORY**

PLEASE DESCRIBE ANY SURGERIES, INJURIES, ACCIDENTS, OR ILLNESS

BIRTH (COMPLICATIONS)

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CHILDHOOD \_\_\_\_\_

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ADOLESCENCE

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ADULTHOOD

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DO YOU HAVE ANY SCARS? PLEASE NOTE THE LOCATION OF ALL OPERATION OR INJURY SCARS

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PLEASE CIRCLE ANY PROBLEMS YOU HAVE HAD, ADD CHECK-MARK TO INDICATE CURRENT PROBLEMS:

**SKIN:**

~ECZEMA/ DERMATITIS  
~ACNE  
~SKIN RASH  
~FURUNCLES  
~FUNGAL INFECTION  
~WARTS  
~PSORIASIS  
~DANDRUFF  
~DRY SCALP  
~HERPES SIMPLEX/ZOSTER  
~BRITTLE NAILS  
~CHANGES IN NAILS

~BRUISES EASILY  
~HIVES  
~ITCHING (PRURITIS)  
~UNUSUAL SWEATING  
~NEVER SWEATING  
~SKIN ULCERATIONS

**HORMONAL IMBALANCE:**

~LOW THYROID  
~OVERACTIVE THYROID  
~DIABETES  
~HYPOGLYCEMIA  
~BLOOD SUGAR

**HEART AND VASCULAR:**

- ~FAST PULSE (OVER 100 BEATS/MIN)
- ~SLOW PULSE (LESS THAN 60 BEATS/MIN)
- ~IRREGULAR PULSE
- ~PALPITATIONS
- ~PRESSURE IN THE CHEST
- ~CHEST PAIN
- ~DIZZINESS
- ~MIGRAINE
- ~HEADACHE WITH NAUSEA
- ~COLD HANDS/ FEET
- ~REYNAUD DISEASE
- ~ANGINA PECTORIS
- ~FLUSHED FACE
- ~HIGH BLOOD RESSURE
- ~LOW BLOOD PRESSURE
- ~EDEMA (GENERALIZED SWELLING)
- ~HEART DISEASE
- ~COLD SWEATS
- ~FAINTING
- ~BLEEDING TENDENCY
- ~CHANGES IN SKIN TEMP/COLOR
- ~SWELLING AT ANKLES OR LEGS

**GASTROINTESTINAL:**

- ~ABDOMINAL DISTENTION/ BLOATING
- ~ABDOMINAL MASS
- ~ABDOMINAL PAIN
- ~VOMITING
- ~CONSTIPATION
- ~DIARRHEA
- ~NO APPETITE
- ~INDIGESTION
- ~HEARTBURN/ACID REFLUX/GERD
- ~INTESTINAL GAS/ FLATULENCE
- ~GALL STONES
- ~BELCHING
- ~ULCER
- ~GASTRITIS
- ~LACK OF STOMACH ACID
- ~HEMORRHOIDS/ RECTAL BLEEDING

- ~PERITONITIS
- ~PANCREATITIS
- ~IRRITABLE BOWEL
- ~POLYPS
- ~GI TUMORS
- ~HEPATITIS A, B, OR C
- ~LIVER DISEASE
- ~ANOREXIA
- ~BULIMIA
- ~OBESITY/ OVERWEIGHT
- ~UNDERWEIGHT
- ~BELCHING
- ~PAIN AFTER/BEFORE EATING
- ~TIRED AFTER EATING
- ~IRRITABLE BEFORE EATING
- ~COLITIS NAUSEA
- ~RAPID WEIGHT CHANGE
- ~HYPOGLYCEMIA
- ~STOMACH TENSION
- ~DIFFICULTY SWALLOWING

**ORAL DISEASE:**

- ~BLEEDING GUMS
- ~PERIODONTITIS
- ~DENTAL ABSCESS
- ~MUMPS
- ~INFLAMMATION OF THE MOUTH
- ~TMJ
- ~TOOTHACHE (NO CAVITIES)

**CONNECTIVE TISSUE**

- ~MYOFACIAL PAIN SYMPTOMS
- ~FIBROMYALGIA
- ~TENDONITIS
- ~LIGAMENT PERICARDITIS
- ~CONSTANT SLIGHT FEVER
- ~PLANTER FASCIITIS
- ~SCARLET FEVER
- ~SWOLLEN GLANDS
- ~STREPTOCOCCI THROAT INFECTION

**NEUROLOGICAL:**

- ~CHANGES IN CONSCIOUSNESS
- ~CONFUSION
- ~DIFFICULTY CONCENTRATING
- ~DYSPHASIA (DIFFICULTY SPEAKING)
- ~GAIT DISTURBANCE

- ~NUMBNESS OR TINGLING
- ~LOSS OF CONSCIOUSNESS
- ~PARALYSIS
- ~POST SHINGLES PAIN
- ~PROBLEMS COORDINATING MOVEMENTS
- ~SEVERE FORGETFULNESS
- ~TREMOR
- ~VISUAL DISTURBANCES
- ~TEETH GRINDING

### **MUSCULOSKELETAL:**

- ~WEAK LIMBS
- ~RESTLESS LEG SYNDROME
- ~OSTEOPOROSIS
- ~MUSCLE PAIN
- ~STIFFNESS
- ~SWELLING
- ~SPASMS OR CRAMPS
- ~LIMITED RANGE OF MOTION
- ~JOINT CLICKING
- ~LORDOSIS/ KYPHOSIS/ SCOLIOSIS/  
SPONDILITIS/ SPONDYLOSIS/  
SPONDYLOLISTHESIS
- ~TAIL BONE INJURY

### **RESPIRATORY:**

- ~ASTHMA
- ~BRONCHITIS/PNEUMONIA
- ~EMPHYSEMA
- ~COUGH/ WHEEZIN/ SPUTOM
- ~SHORTNESS OF BREATH
- ~TUBERCULOSIS
- ~HAY FEVER
- ~CHEST PAIN OR TIGHTNESS
- ~VOICE CHANGES

### **AUTOIMMUNE, INFECTION AND INFLAMMATORY CONDITIONS:**

- ~AIDS/ HIV
- ~HASHIMOTOS DISEASE (THYROID)
- ~RHEUMATISM
- ~SYSTEMIC LUPUS ERYTHEMATOSUS

- ~COLITIS
- ~CROHNS DISEASE
- ~ALOPECIA (BALDNESS)
- ~ALLERGY (WHAT KIND)
- ~VULVITIS
- ~ATOPIC DERMATITIS
- ~NEURALGIA/NEURITIS
- ~NEURODERMATITIS
- ~SINUS ALLERGY
- ~LOW IMMUNITY
- ~RHEUMATIC DISEASE/ FEVER
- ~RHEUMATOID ARTHRITIS
- ~SKIN DISEASE
- ~MALARIA
- ~GENITAL HERPES
- ~MONONUCLEOSIS
- ~CHICKEN POX/ SHINGLES
- ~MEASLES/ MUMPS

### **UROGENITAL:**

- ~KIDNEY DISEASE
- ~KIDNEY STONES
- ~URINARY TRACT INFECTION (UTI)
- ~GLOMERULONEPHRITIS
- ~DIFFICULTY WITH FLOW
- ~RED URINE
- ~INCONTINENCE
- ~URGENT URINATION
- ~FREQUENT URINATION

### **EAR, EYES, NOSE AND THROAT:**

- ~LOSS OF HEARING
- ~TINNITUS (RINGING IN THE EARS)
- ~ITCHY EAR
- ~EAR PAIN
- ~FREQUENT EAR INFECTION
- ~EAR DISCHARGE
- ~PROBLEMS WITH BALANCE (VERTIGO)
- ~FAR SIGHTED
- ~NEAR SIGHTED
- ~EYE INFECTION
- ~LOSS OF VISION
- ~EYE REDNESS
- ~TEARING OR EYE DRYNESS
- ~EYE PAIN
- ~EYE DISCHARGE
- ~SINUS PAIN/PRESSURE/HEADACHE

- ~YELLOW MUCUS
- ~CONSTANT SINUS CONGESTION
- ~STUFFY NOSE/ POST-NASAL-DRIP
- ~NOSE BLEEDS
- ~IMPAIRED SENSE OF SMELL
- ~DRY/ ITCHY THROAT
- ~TONSILITIS
- ~STREPTOCOCCI THROAT INFECTIONS
- ~EASILY CATCH COLD

**PSYCHOLOGICAL:**

- ~FEELINGS OF GRIEF/ SADNESS
- ~FEELINGS OF FEAR
- ~ANXIETY
- ~NERVOUSNESS
- ~STRESS
- ~DIFFICULTY MANAGING ANGER
- ~FEELING IRRITABLE
- ~FEELING MANIC
- ~FEELING WORRIED
- ~FEELINGS OF PANIC
- ~FEELING OVERWHELMED
- ~EXTREME MOOD SWINGS

**GENERAL:**

- ~INSOMNIA
- ~NIGHTMARES
- ~VIVID DREAMS
- ~PERSPIRE EASILY
- ~SWEATY PALMS/soles
- ~PSYCHOSOMATIC WEAKNESS
- ~EXHAUSTION/ LOW ENERGY / FATIGUE
- ~DIFFICULTY CONCENTRATING
- ~CAR/SEA/AIR/ MOTION SICKNESS
- ~NO APPETITE IN THE AM
- ~MOODY IN THE AM

PLEASE LIST ANY OTHER ILLNESSES OR PROBLEMS, CURRENT OR PAST, NOT LISTED ABOVE:

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PLEASE LIST ANY MEDICATIONS, HERBS, VITAMINS OR SUPPLEMENTS YOU ARE CURRENTLY TAKING.

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PLEASE LIST ANY MEDICATIONS, HERBS, VITAMINS, ETC. TO WHICH YOU ARE ALLERGIC.

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HOW WOULD YOU DESCRIBE YOUR APPETITE (WEAK, STRONG, EXCESSIVE, ETC)?

PLEASE LIST ANY OTHER DIGESTIVE CONDITION, CURRENT OR PAST, NOT LISTED ABOVE:

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PLEASE LIST ANY FOODS OR TASTES YOU HAVE CRAVINGS FOR:

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PLEASE LIST ANY FOODS OR TASTES YOU HAVE ANY AVERSION/ SENSITIVE/ ALLERGIC TO:

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PLEASE DESCRIBE YOUR ACTIVITIES FOR PHYSICAL FITNESS:

**FEMALES ONLY** (MALES, PLEASE SKIP THIS SECTION AND CONTINUE WITH THE NEXT)

DATE OF LAST MENSTRUAL PERIOD:

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HOW MANY DAYS DOES YOUR PERIOD LAST?

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HOW MANY DAYS IN YOUR MONTHLY CYCLE?

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AGE YOU FIRST BEGAN TO MENSTRUATE? \_\_\_\_\_ AGE AT MENOPAUSE? \_\_\_\_\_

DO YOU CURRENTLY TAKE BIRTH CONTROL PILLS? \_\_\_\_\_ FOR HOW LONG? \_\_\_\_\_

HAVE YOU EVER TAKEN BIRTH CONTROL PILLS, WHEN AND HOW LONG?

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TYPE OF CONTRACEPTION NOW USED?

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PLEASE CIRCLE ANY PROBLEMS YOU HAVE HAD, ADD A CHECK-MARK TO INDICATE CURRENT PROBLEMS:

~HEAVY BLEEDING

~PMS

~OVARIAN CYST

~CRAMPING B/W PERIOD

~CLOTS W/ PERIOD

~PID

~BLEEDING B/W PERIOD

~GENITAL BURNING

~YEAST INFECTION

~INFERTILITY

~GENITAL HERPES

~URINARY TRACT INFECTION

~VAGINAL DISCHARGE/ITCH

~BLEEDING AFTER INTERCOURSE

~BREAST LUMPS

~PAIN DURING

INTERCOURSE

PLEASE LIST ANY GYNECOLOGICAL CONDITIONS, CURRENT OR PAST, NOT LISTED ABOVE:

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**MALES ONLY** (FEMALES PLEASE SKIP THIS SECTION AND CONTINUE WITH THE NEXT SECTION)

PLEASE CIRCLE ANY PROBLEMS YOU HAVE HAD, ADD CHECK-MARK TO INDICATE CURRENT PROBLEMS:

~URINE STREAM WEAK OR SLOW

~FREQUENT URINATION W/ SMALL AMOUNT

~DRIBBLING AFTER URINATION

~BURNING URINATION

~WAKING AT NIGHT TO URINATE

~PROSTATE DISORDER

~DISCHARGE FROM PENIS

~NOCTURNAL EMISSION

~LOSS OF SEXUAL DRIVE

~SWELLING OR LUMP ON TESTICLES

~GENITAL BURNING

~URINARY TRACT INFECTION

~PAINFUL TESTICLES OR PENIS

~GENITAL ITCHING

~INFERTILITY

~GENITAL HERPES

~PAIN DURING INTERCOURSE

~PREMATURE EJACULATION

~HERNIA

PLEASE LIST ANY OTHER CONDITIONS, CURRENT OR PAST, NOT LISTED ABOVE:

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HAVE YOU EVER HAD A PROSTATE EXAMINATION? IF SO, WHEN?

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## STRESS, EMOTIONS, AND TRAUMAS

DESCRIBE THE LEVELS OF STRESS IN YOUR LIFE. HOW DOES STRESS IMPACT YOU, AND HOW DO YOU DEAL WITH STRESS?

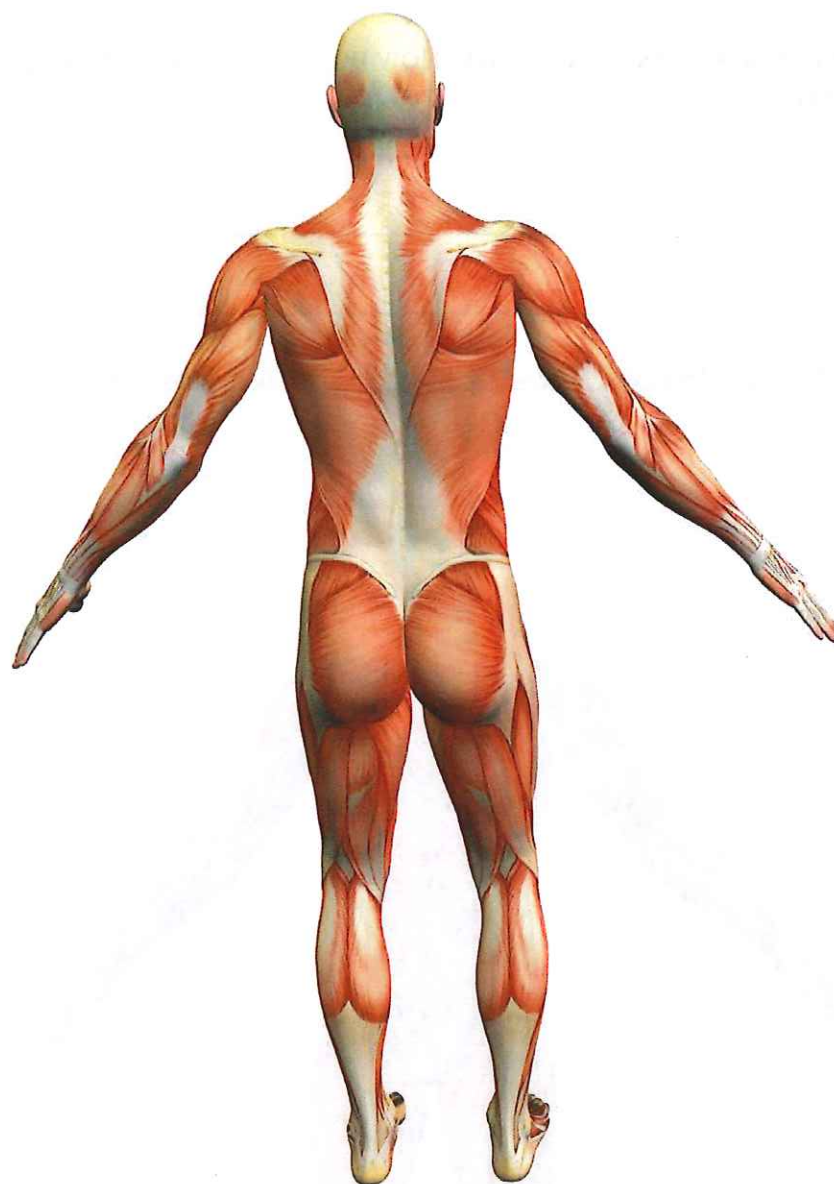
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PLEASE MARK ANY AREAS OF PAIN ON THE DIAGRAMS BELOW:





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**PATIENT SIGNATURE**

**DATE**

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**PRACTITIONER SIGNATURE**



