

# The Balancing Point: Acupuncture & Wellness

This is a confidential health intake to help us determine the best treatment plan for you. If you have any questions, please ask. Please print clearly and complete **ALL** information.

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How would you like appointments confirmed: \_\_\_ Email \_\_\_ Text \_\_\_ Call (Cell/Home)

Occupation: \_\_\_\_\_ Referred By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications, Vitamins, Supplements, and Herbals: \_\_\_\_\_

\_\_\_\_\_

Please list the main conditions you would like addressed: \_\_\_\_\_

\_\_\_\_\_

## PLEASE CHECK ALL THAT APPLY:

### Body Temperature:

- Always Hot
- Night Sweats
- Hot Flashes
- Always Cold

### Blood:

- Dizziness
- Excessive Hair Loss
- Blurry Vision
- Numbness In Extremities

### HT:

- Palpitations
- Irregular Heart Beat
- Anxiety
- Insomnia
- Restlessness
- Nightmares
- Mental Confusion

### Energy:

- Low energy
- Shortness of breath
- Catch colds easily

### LU:

#### Do You Smoke? YES / NO

Circle All That Apply:

- Cough ( Chronic / Acute / Dry )
- Sputum ( Thick / Thin )
- Color: Clear / Yellow / White / Blood
- Sinus Congestion
- Nosebleeds
- Allergies

### SP / ST:

- Prolapsed Organ \_\_\_\_\_
- # of Bowl Movements \_\_\_\_ per week
- Constipation
- Diarrhea or Loose Stool
- Undigested Food in Stool
- Urgent Bowel Movement
- Blood / Mucus in Stool

**SP /ST Cont'd:**

- Heart Burn
- Fullness After Eating
- Stomach Pain
- Bleeding, Painful, Swollen Gums
- Mouth Sores
- Bleeding, Painful, Swollen Gums
- Mouth Sores
- Nausea / Vomiting
- Hiccup

**LV / GB:**

- Easily Angered / Bad Temper
- Frustration / Irritability
- Depression
- Gall Stones
- Discomfort Under Rib Cage, or on Sides of the Body
- Eye: Itchy / Watery / Dry / Red
- Headaches/Migraines
- Heat in head/face
- Itchy skin and/or rashes
- Seizures
- Lump in throat
- Ringing in the ears
- Muscle twitches
- Itch or pain in genitals

**KI/ UB:**

- Low Back Pain / Weakness
- Weak or Sore Knees
- Restless Legg Syndrome
- Early Hair Loss / Balding
- Osteoporosis / Penia
- Bladder / Kidney Infections
- Memory Problems
- Easily Startled
- Low Libido
- Frequent Urination
- Urgent Urination
- Dark / Rust Colored Urine
- Dribbling / Incontinence
- Wake at Night to Urinate  
If so, How Often? \_\_\_\_\_

**Women Only:**

Have you had a Hysterectomy? \_\_\_\_\_ Uterus Only / Ovaries      Date: \_\_\_\_\_

Are you currently **PREGNANT**? YES / NO

Age at first period: \_\_\_\_\_ Age at Menopause: \_\_\_\_\_

Number of pregnancies: \_\_\_\_\_ Number of live births \_\_\_\_\_

Are you having, or have you had, difficulty conceiving? \_\_\_\_\_

Does your period come at regular intervals? Yes / NO

How many days is your period? \_\_\_\_ Is your flow: Light / Med / Heavy

Do you experience any of the following symptoms before or during your period?

- Headaches
- Pain in Lower Back
- Breast Tenderness / Swelling
- Moodiness
- Cramping

**Men Only:**

Do you experience any of the following:

- Urine Stream that Starts and Stops
- Swelling of the Testicles
- Erectile Dysfunction