

HISTORY QUESTIONNAIRE

Please answer the following questions as completely and as detailed as possible. Even minor symptoms help to form an accurate Chinese medical diagnosis. All information is kept private and confidential. Information contained here and in your file cannot be released or shared with anyone without your prior written consent.

Name: _____ Date: _____

What is your chief complaint, illness or injury? _____

When did it begin? _____

What caused it? _____

What makes it better? _____

What makes it worse? _____

What other treatments or healing modalities have you tried? _____

Please list any secondary complaints _____

Please list what you hope to gain from acupuncture and/or herbs _____

Please list any surgeries or hospitalizations, including ailment and date: _____

Personal History: Please circle any illness you have had or currently have.

Jaundice	Mental Illness	Sexually Transmitted Disease	Anemia			
Gallbladder Disease	Stroke	Epilepsy	Bladder Disease	Kidney Disease		
Diabetes	Polio/Meningitis	Cancer	Allergies	Depression		
Anxiety	Heart Disease	Asthma	Emphysema	Hepatitis	A.I.D.S.	H.I.V.
Alcoholism	Drug Dependency	High Blood Pressure	Ulcers			
Pacemaker	Hemophilia	Bruise Easily	Bleed Easily	Other: _____		

Family History: Please circle any illness your father, mother or siblings have had.

Cancer	Stroke	Kidney Disease	Glaucoma	Epilepsy	Diabetes
Mental Illness	Heart Disease	Asthma/Emphysema	Allergies	Arthritis	
Ulcers	Alcoholism	High Blood Pressure	Other: _____		