

wellspring health center

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NEW PATIENT ACUPUNCTURE FORM

Date: ___/___/___

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell Phone _____

Date of birth _____ Age _____ Gender _____

Employment status _____

Emergency Contact _____ Phone _____

List any surgeries _____

Current medications _____

Current supplements _____

I guarantee this form is completed correctly to the best of my knowledge and will inform the office of any changes.

Signature _____ Date _____

Symptoms

*** For each symptom you currently have, please rate its severity from 1 to 5 (5 being the worst). Leave blank if not applicable.***

Liv/GB(wood)

- irritability/anger
- depression/stress
- headaches/migraines
- visual problems
- red/dry/itchy eyes
- gall stones
- dizziness
- blurred vision
- feeling of lump in throat
- clenching of teeth at night
- muscle cramping/twitching
- tension
- joints/neck/shoulder pain
- poor circulation
- soft/brittle nails
- emotional eater
- ringing in ears
- eczema
- Shingles
- herpes simplex
- indecisive
- fullness below ribs
- shoulder/neck tension
- insomnia 11pm-3am

Lu/LI (Metal)

- dry cough
- cough with sputum
- nasal discharge
- post-nasal drip
- sinus trouble
- itchy/red/painful
- dry mouth/throat/nose
- skin rashes/hives
- snoring
- grief/sadness
- shortness of breath
- asthma/allergies
- low resistance to colds or flu
- sneezing
- mild fever comes and goes
- smoke cigarettes
- bronchitis

Ht/SI (Fire)

- heart palpitations
- chest pain
- insomnia/sleep problems
- easily startled
- restlessness/agitation
- vivid dreams
- lack of joy in life
- dry scalp
- skin rash
- cysts/tumor
- ear infection
- sore throat
- lymph swelling
- hot palms/soles
- aversion to heat
- bitter taste in mouth
- gum problems
- nose bleed
- facial redness
- itchy/burning skin
- thirst
- dark blue under eyes
- night sweats
- excess joy

Kid/UB (Water)

- urinary problems
- bladder problems
- lack of bladder control
- weakness/pain in lower back
- decreased bone density
- feel cold easily
- low sex drive
- excess sexual drive
- poor memory
- loss of hair
- hearing problems
- cavities/tooth loss
- craving/avoiding salty foods
- fear
- hot flash/night sweating
- dark under eyes
- weak leg/knees
- rapid weight change
- emotional instability
- thyroid problems

Sp/ST (Earth)

- heaviness anywhere in body
- fatigue/worse after eating
- hard to get up in morning
- edema (swelling)
- muscles feel tired often
- easily bruising and bleeding
- bad breath
- decreased/increased appetite
- crave sweets
- hypoglycemia
- difficulty digesting oily foods
- nausea/vomiting
- gas/belching
- insulin sensitivity
- hemorrhoids
- constipation
- diarrhea
- abdominal pain
- indigestion/heartburn
- over-thinking
- tendency to gain weight
- brain foggy
- food allergy
- excess worry

OTHER

- fatigue
- arthritis
- sciatica
- nerve pain
- carpal tunnel
- numbness
- cold hands/feet
- bursitis/tendonitis