

Patient Intake Form			
Name _____	Sex _____	Date of Birth _____	
Occupation _____	Height _____	Weight _____	
Marital Status _____	Address _____		
City _____	State _____	Zip _____	
Telephone(W) _____	(H) _____	(Email) _____	
Referred By _____			
In Case of Emergencies, Contact _____			
Telephone _____	Relationship _____		

Acupuncture and Chinese medicine have been explained to me as a treatment consisting of inserting needles through the skin at specific points and the use of Chinese herbs. The purpose of acupuncture and Chinese medicine has been explained as alleviation or cure of some symptoms and diseases. I understand that the complications or side effects may happen during the treatment, such as nausea, allergies or aggravation of some symptoms.

Cheng's Oriental Medical Clinic, Inc. accepts auto accident insurance and Workers' Compensation insurance, and some private insurance. Do not hesitate to ask if you have any questions.

I have read the above information, signed _____ date _____

Current Chief Complaints: _____ _____ _____ _____ _____
Major Surgeries: _____ Major Trauma: _____ Drugs Currently Taking: _____

Please circle Y or N for the questionnaires below.	Y = Yes	N = No
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Life Style and Diet:

Y N regular exercise	Y N regular bedtime	Y N smoking	Y N alcohol
Y N coffee	Y N milk / dairy products	Y N hot and spicy foods	

Cravings _____

General:

Y N normal appetite	Y N good sleep	Y N good energy	Y N feeling thirsty often
Y N sweat easily	Y N night sweats	Y N hot flushes	Y N tending to feel warm
Y N cold limbs	Y N overweight	Y N underweight	Y N HIV positive

Respiratory System:

Y N coughs **Y N** phlegm / sputum **Y N** tight chest **Y N** shortness of breath
Y N wheezing **Y N** difficult breathing **Y N** asthma
Respiratory diseases diagnosed by MD: _____

Cardiovascular System:

Y N high blood pressure **Y N** palpitation **Y N** chest pain **Y N** irregular heart beats
Y N high cholesterol / triglyceride
Cardiovascular diseases diagnosed by MD: _____

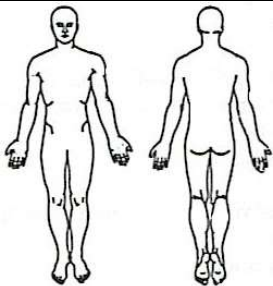
Gastrointestinal System:

Y N nausea **Y N** vomiting **Y N** belching **Y N** stomachache **Y N** heart burn
Y N bloating **Y N** foul breathing **Y N** tongue sores **Y N** acid regurgitation
Y N diarrhea **Y N** hemorrhoid **Y N** constipation **Y N** regular laxative use
Gastrointestinal diseases diagnosed by MD: _____

Urinary System:

Y N frequent urination **Y N** night urination **Y N** urinary incontinence
Y N painful urination **Y N** bloody urination **Y N** burning urination
Urinary diseases diagnosed by MD: _____

Muscular-skeletal System:



Please mark the proximate location(s) of any pain on the diagram at the right.
Use the pain scale below to indicate your pain severity:

0 1 2 3 4 5 6 7 8 9 10

Least →

→ Most

Neurological & Endocrine System:

Y N numbness **Y N** dizziness **Y N** migraine **Y N** seizure
Y N depression **Y N** tremor **Y N** diabetes **Y N** thyroid disorders
Neurological & endocrine diseases diagnosed by MD: _____

Skin & Hair:

Y N dry skin & hair **Y N** itchy skin **Y N** skin rashes **Y N** eczema **Y N** hair loss
Skin diseases diagnosed by MD: _____

Sensory Organs:

Y N eye irritation **Y N** night blindness **Y N** color blindness **Y N** spots in vision
Y N poor hearing **Y N** ear ringing **Y N** ear congestion **Y N** nasal congestion
Y N running nose **Y N** sore throat **Y N** dry mouth & throat **Y N** swollen gum

Male Patient Only:

Y N impotence **Y N** male infertility **Y N** prostate disorder **Y N** premature ejaculation
Sex drive: increased decreased

Female Patient Only:

Y N irregular periods **Y N** PMS **Y N** painful menstruation **Y N** clotty menstruation
Y N dark menstrual flow **Y N** spotting **Y N** breast tenderness **Y N** vaginal yeast infection
Age of first period ____ Date of last period ____ Date of next period ____ Number of child births ____
Number of miscarriages ____ Birth control type ____ Sex drive: increased decreased
OB-GYN diseases diagnosed by MD: _____

Other Issues Needs to Discuss:

**Congratulations! You've finished one of the most thorough traditional Chinese medicine intake questions.
Please stop here.**

Tongue Picture:

Pulse (L):

(R):

Summary: _____

Diagnosis: _____

Acupuncture:

Chinese Herbs: