

Acupuncture Questionnaire

Name: _____ Date: _____

Primary Care Physician: _____

Physician's Phone Number: _____



1. Start by listing in order of importance (1 being the most important) the reasons you wish to see the doctor.

1.
2.
3.
4.

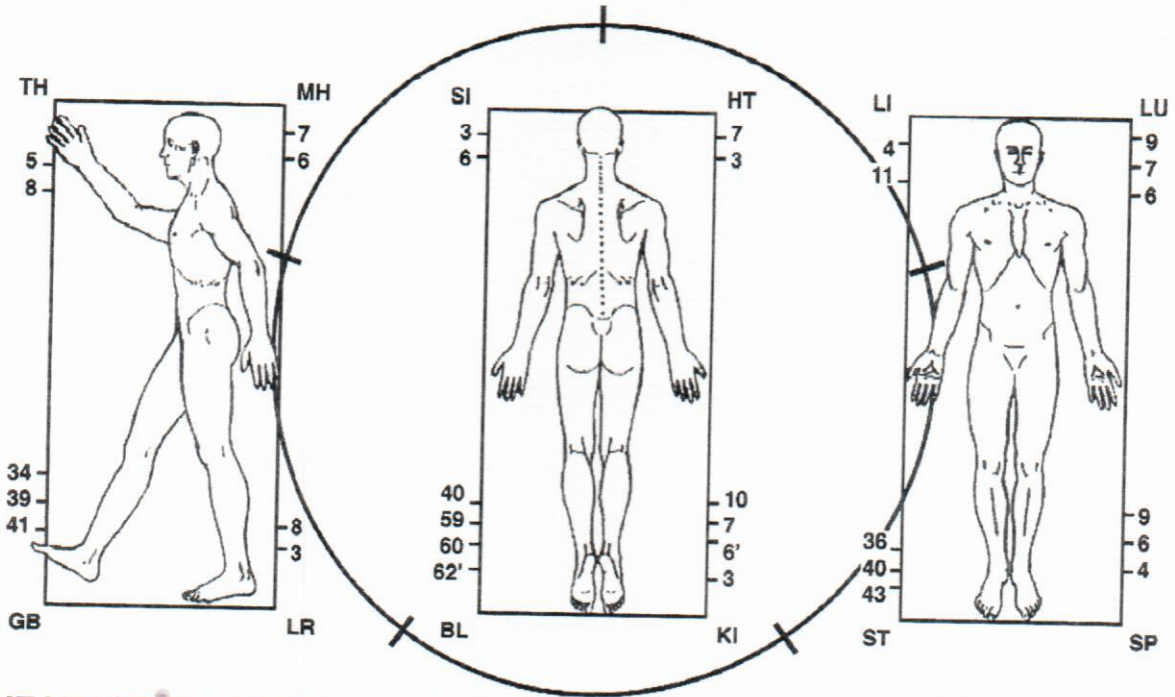
Instructions:

Please circle or check the answers that apply to you at least 80% of the time. Be nonjudgmental and don't think about the answers too much. Leave blank any boxes that do not apply to you or that you are unsure of. There are no correct answers. Your honesty will result in a better treatment.

2. Please circle one answer for each of the following questions.

Five phase questions	Wood	Fire	Water	Earth	Metal
My favorite season	Spring	Summer	Winter	Harvest (late summer)	Autumn
My favorite color	Blue – Green (turquoise)	Red	Dark Blue or Black	Yellow (earth tones)	White
My favorite flavor	Sour, citrus, acidic	Bitter, roasted	Salty	Sweetness	Spicy, flavorful
My predominant emotional tendency	I tend to get angry.	I am excitable.	I get scared.	I tend to worry.	I tend to feel sad
My predominant psychological characteristic	I tend to be anxious and irritable.	I am joyful and creative.	I am willful and ambitious.	I often find myself in deep thought.	I tend to get depressed.
My usual reaction to stress	I clench. My muscles get tight.	I tend to cry.	I tremble. My body feels shaky.	My stomach feels upset.	My chest feels tight.
My fingernails can be characterized as	Elongated	Long and narrow	Crescent moon	Triangular	Rectangular

3. On the anatomical figures below mark the area or areas where you have pain or other problems. Please be as accurate as possible about the locations.



JUE YIN / SHAO YANG

Pain Assessment
Location:
Onset:
Makes Better:
Makes Worse:
Associated Symptoms:
Quality: <input type="checkbox"/> constant <input type="checkbox"/> intermittent <input type="checkbox"/> sharp <input type="checkbox"/> dull <input type="checkbox"/> pressure <input type="checkbox"/> burning
Severity: 1 2 3 4 5 6 7 8 9 10

SHAO YIN / TAI YANG

Pain Assessment
Location:
Onset:
Makes Better:
Makes Worse:
Associated Symptoms:
Quality: <input type="checkbox"/> constant <input type="checkbox"/> intermittent <input type="checkbox"/> sharp <input type="checkbox"/> dull <input type="checkbox"/> pressure <input type="checkbox"/> burning
Severity: 1 2 3 4 5 6 7 8 9 10

TAI YIN / YANG MING

Pain Assessment
Location:
Onset:
Makes Better:
Makes Worse:
Associated Symptoms:
Quality: <input type="checkbox"/> constant <input type="checkbox"/> intermittent <input type="checkbox"/> sharp <input type="checkbox"/> dull <input type="checkbox"/> pressure <input type="checkbox"/> burning
Severity: 1 2 3 4 5 6 7 8 9 10

Treatments I've tried: Physical therapy Chiropractic Injections _____

4. Please check any statements that apply to you.

JUE YIN / SHAO YANG

Fire

MH Master of the Heart (KM)	I can be characterized as irritable, anxious, nervous and emotionally unstable at times.
	I tend to harbor grudges and have explosive anger.
	I tend to get tension headaches or stress-related headaches.
	I have insomnia.
	I prefer dark chocolate.
	I tend to find problems in any situation.
	I experience premature ejaculation.
	I tend to repeat certain activities to relieve anxiety.
	I tend to obsess about things, including sex.
TH Triple Heater (KT)	I can be characterized as clear thinking and decisive.
	I get agitated and this results in insomnia.
	I tend to grind my teeth and have tight jaws.
	I tend to have great self-confidence.
	I have muscular aches and cramps.
	I tend to be well muscled, well build and need to stretch.
	I generally speak rapidly.
	I experience hot flashes.
	I have ringing in my ears.
I tend to tap my fingers and fidget.	

Wood

GB Gallbladder (CR)	I can be characterized as indecisive, well built, and/or having dark circles under my eyes.
	I lack self-confidence.
	I am sensitive to ridicule.
	I develop insomnia when I am insecure, and I sleep poorly, waking up between 11pm and 3am.
	I have neck and shoulder problems.
	I have temporal and occipital headaches.
	I have gallbladder and/or digestive problems.
	I do not enjoy new challenges.
	I tend to have lateral or side hip pain.
	I tend to have recurrent muscle injuries.
	My stool tends to float and smell putrid.
I like silence.	
LR Liver (AM)	I can be characterized as timid, concealing myself or hiding behind walls.
	I am reluctant to face challenges.
	I prefer chocolate.
	I am sensitive to caffeine, and I need it as a pick-me-up.
	I started wearing glasses as a young child.
	I have eye problems like cataracts, glaucoma, or recurrent infections.
	I have tension in my neck and upper back.
	I get migraine headaches.
	I tend to have itchy skin or coarse brittle hair.
	My palms tend to be sweaty requiring a handkerchief.
I wait for others to open doors for me.	
I tend towards anger and irritability.	

SHAO YIN / TAI YANG

Fire

HT Heart (LRF)	I can be characterized as flamboyant, passionate, and dramatic. I am the life of the party.
	I frequently exude heat. I feel flushed, sweaty, and angry.
	I tend towards sexual hyperactivity.
	I tend to have chest pain or palpitations, or I have been diagnosed with hypertension.
	I have had one or more of the following problems: arm pain, cold feet, stiff joints and puffy eyes.
	I tend to be talkative or noisy.
	I tend to be creative and impulsive.
	I cannot sleep when I am nervous.
	I tend to like a lot of colors, especially red.
	I tend to worry repeatedly about the same thing.
SI Small Intestine (CGN)	I can be characterized as energetic, competitive, imposing, and impatient.
	I tend to be nervous and touchy.
	I experience migrating aches and pains, including occasional headaches.
	I am in reasonable shape and well-muscled.
	I have lower back spasms.
	I tend to have light menstrual periods.
	I often have cold hands.
	I tend to have low blood pressure.
I am often tired and lightheaded.	

Water

BL Bladder (BAA)	I can be characterized as intelligent and hyperanalytical but am often indecisive or fearful.
	I have a history of recurrent urinary tract infections, urethritis, incontinence, or kidney problems.
	I am capable of paranoia or psychotic immobility.
	I tend to have poor stamina and/or low libido.
	I tend to go on binges and suffer from digestive problems.
	I have lower back pain.
	I tend to get a stiff neck.
I become mentally incoherent when I am tired.	
KI Kidney (SB)	I can be characterized as a perpetual student, inhibited, passive, fearful, hesitant, private, and secretive. I prefer to be alone.
	I have problems with will, motivation, and self-discipline.
	I am sexually egocentric and have a low activity level.
	I tend to have recurrent sore throats, tonsillitis, kidney infections or kidney stones.
	The front of my neck feels sensitive.
	I have frequent urination, especially when I am cold or stressed.
	I am prematurely gray or balding.
	I tend to be suspicious, wary, and keep secrets.
	I have an affinity for water and salt, but I dislike cold.
	I tend to be chilly with cold hands and feet.
	I experience lower back pain, nontraumatic knee pain, and joint aches when I am tired.
I have problems with my hearing and/or balance.	
I am sensitive to noise and music.	
I tend to not communicate well.	

TAI YIN / YANG MING

Earth

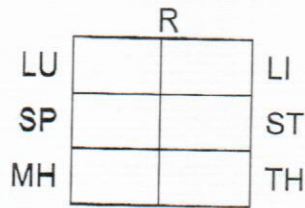
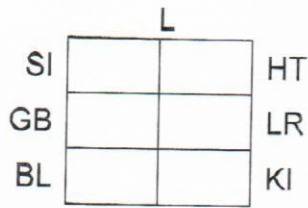
SP Spleen (DW)	I can be characterized as round and fleshy with full lips, calm, and peaceful.
	I have a history of abdominal bloating and diarrhea.
	I have had anemia or recurrent infections.
	I often feel heaviness in my thighs and calves.
	I tend to have little hair, dry mouth, or cracked lips.
	I have varicose veins or cold feet.
	I am affected by dampness.
	I tend to like sweets.
	I have had menstrual or fertility problems, PMS, or uterine prolapse.
	I lack ambition, I will not exert myself ever, and if I could I would lie in bed all day.
ST Stomach (EWP)	I get upset by changes.
	I tend to be sensitive to flavors and odors.
	I tend to be absent-minded or obsessive.
	I can be characterized as a gourmet and gain weight easily.
	I enjoy life and am a pleasure seeker.
	I have an aversion to noise or loud sounds.
	I have been diagnosed with heartburn, gastroesophageal reflux disease (GERD), or peptic ulcer disease (PUD).
	I have had tennis elbow.
I have had dental disease, gum problems, or sores in my mouth.	
I have been diagnosed with an eating disorder.	
I tend to get tired in the late afternoon.	

Metal

LI Large Intestine (FG)	I can be characterized as gaunt, thin, often in a bad mood, and preoccupied with bowel habits.
	I have a history of recurrent sinusitis, colds, and/or cough.
	I often have bad breath, a variable appetite, and a coated tongue.
	I have poor digestion or experience intestinal disturbances like colic, constipation, and occasional diarrhea.
	I find it difficult to be in a good mood or have positive thoughts and feelings.
	I have been diagnosed with bipolar disorder.
	I have a strong belief in honor, duty, and responsibility and have a healthy respect for the law.
LU Lung (NC)	I tend to feel tired, worn out, and melancholy.
	I can be characterized as having long thin features, narrow chest, slight shoulders, often sighing with occasional shortness of breath.
	I have a history of respiratory problems such as bronchitis, pneumonia or asthma, or COPD with cough and phlegm.
	I have had difficulty quitting smoking.
	I have skin disorders like eczema or psoriasis.
	I tend to have respiratory allergies.
	I am affected by dryness and/or sweat a lot.
	I have a history of constipation alternating with diarrhea.
	I have been diagnosed with Irritable Bowel Syndrome (IBS).
	I tend to be organized and methodical.
I tend to have low appetite.	
I am honest, meticulous, stingy and righteous.	
I tend toward depression, especially in winter.	

For physician use only.

Pulse Diagnosis

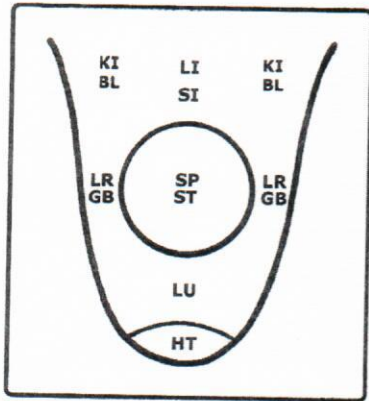


Rate: slow - normal - rapid

Rhythm: regular - irregular

Notes:

Tongue Diagnosis



Size/Shape: thin - normal - swollen - _____

Color: pale red - red - purple - _____

Coating:

Color: absent - white - yellow - brown - _____

Thickness: thin - normal - thick - _____

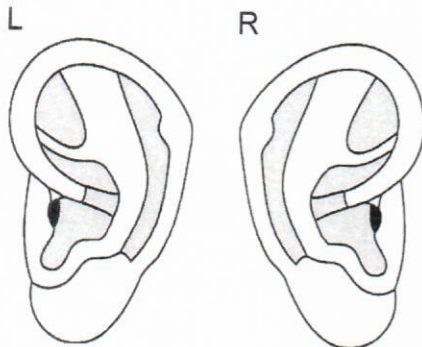
Underside: veins - normal - distended - _____

Moisture: dry - normal - wet - _____

Markings: points - cracked - scalloped - _____

Ear Treatment

Notes:



Assessment

Impression:

TCM Diagnosis:

Treatment Plan:

Recommendations:

Comments:

Patient Information and Consent Form

Please read this information carefully and ask your doctor to explain anything that you do not understand.

What is acupuncture?

Acupuncture is a medical treatment in which fine needles are inserted into specific points on the body to relieve pain and help treat medical disorders. *Only single-use, sterile, disposable needles are used for your treatment.*

Does acupuncture have side effects?

Acupuncture is generally very safe. Here is a list of common side effects.

- Minor bleeding or bruising may occur when the needles are removed.
- Drowsiness may occur after a treatment. If this happens, you should not drive.
- Symptoms can temporarily worsen after a treatment. Be sure to tell your doctor about this at your next appointment.
- Lightheadedness or fainting may occur, particularly at the first treatment.

Other possible risks are extremely rare. They include infection, nerve injury, broken needle, and puncture of a lung or other organ. If there are particular risks that apply in your case, your doctor will discuss these with you.

What does your doctor need to know?

In addition to your medical history, it is important to tell your doctor

- all medications you are currently taking,
- if you have ever fainted, had a seizure, or had an unusual reaction to a medical treatment,
- if you have a pacemaker or any other implanted devices,
- if you have had a joint replacement, spinal surgery, or other surgery,
- if you have a bleeding disorder or are taking blood thinners,
- if you have a damaged heart valve or other cardiac problem,
- if you are at increased risk of infection.

Statement of Consent

I confirm that I have read and understand the above information. I consent to having acupuncture treatment acknowledging that no guarantee of results has been made to me. I understand that I can refuse treatment at any time.

Signature _____

Print name _____ Date _____