The People's Acupuncture of Asheville
55 Grove St.
Asheville, NC 28801
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PATIENT INFORMATION

Date_____

Name_____

Address_____

City State Zip_____

Age_____ Birthdate _____

Occupation _____

Company name _____

Primary physician _____

Physician phone number_____

How did you hear about us?_____

_____

CONTACT INFORMATION

Home phone _____

Work phone _____

Other/cell phone _____

Email _____

Another person we may contact if needed:

Name _____

Relationship_____

Home phone _____

Work phone_____

HEALTH HISTORY

What are your primary concerns for coming in for treatment?

1. _____

2. _____

3. _____

How is your sleep? _____

_____

How is your digestion? _____

_____

List medications or food supplements you are taking:

_____

_____

List serious illnesses, accidents or surgeries:

_____

_____

Check illnesses that have occurred in blood relatives:

❑ Diabetes ❑ High blood pressure ❑ Stroke
❑ Cancer ❑ Heart disease ❑ Kidney disease

Check symptoms you have or have had in the last year:

- ❑ Depression
- ❑ Difficulty in focusing
- ❑ Dizziness
- ❑ Easily startled
- ❑ Excessive worry
- ❑ Excessive anger
- ❑ Excessive fear
- ❑ Fatigue/tiredness
- ❑ Headaches
- ❑ Loss of sleep/poor sleep
- ❑ Loss or gain of weight
- ❑ Nervousness/irritability
- ❑ Overwhelmed by life

Check conditions you have or have had in the past:

- ❑ AIDS
- ❑ Allergies
- ❑ Anemia
- ❑ Arthritis
- ❑ Bleeding disorders
- ❑ Breast lump
- ❑ Cancer
- ❑ Diabetes

How long has it been since you have had a complete medical exam? _____

HEALTH HISTORY…CONTINUED

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES

- ❑ Tremors c Cramps
- ❑ Swollen joints

Pain, weakness, numbness in:

- ❑ Arms or Hips
- ❑ Back Legs
- ❑ Feet
- ❑ Neck
- ❑ Hands
- ❑ Shoulders
- ❑ Other_____

EYES/EAR/NOSE/THROAT/RESPIRATORY

- ❑ Asthma/wheezing
- ❑ Blurred or failing vision
- ❑ Difficulty breathing
- ❑ Earache
- ❑ Enlarged glands
- ❑ Eye pain
- ❑ Frequent colds
- ❑ Hay fever
- ❑ Hoarseness
- ❑ Gum trouble
- ❑ Nose bleeds
- ❑ Loss of hearing
- ❑ Persistent cough
- ❑ Ringing in ears
- ❑ Sinus problems

SKIN

- ❑ Boils
- ❑ Bruise easily
- ❑ Dry skin
- ❑ Itching/rash
- ❑ Sensitive skin
- ❑ Sore won't heal
- ❑ Sweats

GENITO/URINARY

- ❑ Blood/pus in urine
- ❑ Frequent urination
- ❑ Inability to control urine
- ❑ Kidney infection/stones
- ❑ Lowered libido

CARDIOVASCULAR

- ❑ Chest pain
- ❑ Hardening of arteries
- ❑ High or low blood pressure
- ❑ Pain over heart
- ❑ Poor circulation
- ❑ Previous heart attack
- ❑ Rapid/irregular heart beat
- ❑ Swelling of ankles

GASTROINTESTINAL

- ❑ Belching, gas or bloating
- ❑ Colon trouble
- ❑ Constipation
- ❑ Diarrhea
- ❑ Difficulty swallowing
- ❑ Distention of abdomen
- ❑ Excessive hunger
- ❑ Gall bladder trouble
- ❑ Hemorrhoids (piles)
- ❑ Indigestion
- ❑ Nausea
- ❑ Pain over stomach
- ❑ Poor appetite
- ❑ Vomiting

FOR MEN ONLY

- ❑ Erection difficulties
- ❑ Penis discharge
- ❑ Prostate trouble

FOR WOMEN ONLY

- ❑ Bleeding between periods
- ❑ Clots in menses
- ❑ Excessive menstrual flow
- ❑ Extreme menstrual pain
- ❑ Irregular cycle
- ❑ Menopausal symptoms
- ❑ PMS
- ❑ Previous miscarriage
- ❑ Scanty menstrual flow

Could you be pregnant?_____

SIGNATURE

The information on this form is correct to the best of my knowledge.

Signature_____ Date _____