

Acupuncture Intake Form - 2009



NAME: _____

Please check all symptoms you have experienced within the last six months. If they do not apply, leave them blank. If you experience them frequently, check them twice. Some symptoms may be listed more than once, check them each time they occur.

Section 1: Bi

- My condition feels better...
 with cold
 with heat
 with rest
 with exercise
 without pressure
 with pressure
 in the morning
 through the day

Section 2: Qi

- Easily fatigued
 Shortness of breath
 Spontaneous sweating
 Dizziness(Lightheaded)
 Hard to project voice
 Intermittent dull pain
 Bloating/Fullness
 Sighing
 Stuck feeling in throat
 Repeated throat clearing
 Pre-menstrual irritability
 Cough
 Asthma
 Nausea
 Vomiting
 Belching
 Hiccups
 Hemorrhoids
 Organ Prolapse(sinking)
 Chronic diarrhea
 Bearing down sensation

Section 3: Xue

- Pale face & nails
 Blurry vision
 Palpitations
 Numbness
 Scanty menses
 Short menstrual cycles
 Dizziness(lightheaded)
 Localized sharp pain
 Lump, mass, or tumor
 Painful menses
 Irregular menses
 Large red spots under skin
 Feverish
 Irritable
 Bleeding
 Red, painful skin eruptions
 Heavy menses

Section 4: Yang

- Feverish
 Sweat easily
 Thirst
 Constipation
 Red face
 Sore throat or mouth
 Dark, scanty urine
 Irritable
 Preference for cold drinks
 Always kick off blankets
 Prefer cold environment
 Cold body
 Cold limbs
 Low sex drive
 Chronically tired
 Desire to sleep a lot
 Retaining water
 Preference for warm drinks
 Always sleep with a blanket
 Prefer warm environment

Section 5: Yin

- Feverish in the afternoon
 Night sweats
 Dry mouth
 Dry throat
 Feverish palms & soles
 Irritable
 Insomnia
 Flushed cheeks

Section 6: Jing

- Premature graying
 Hair loss
 Tooth loss
 Impotence
 No sex drive
 Memory loss
 Infertility

Section 7: JinYe

- Hoarse voice
 Dry Mouth
 Dry skin
 Dull, dry hair
 Thirst
 Dry stools
 Scanty urine
 Dry eyes and nose

Section 8: Feng

- Sneezing

- Clear runny nose
 Aversion to drafts
 Head & body aches
 Nasal congestion
 Chills & Fever
 Spasms
 Tremors
 Dizziness, Vertigo
 Stroke
 Bells palsy
 Stiffness
 Numbness
 Convulsions
 Seizures
 Paralysis

Section 9: Shi

- Heavy feeling
 Bloating & Swelling
 Nausea
 No thirst
 Milky discharge
 Loose stools
 Weight gain

Section 10: Tan

- Fullness in chest
 Coughing up mucus
 Frequently clearing throat
 Decreased appetite
 Wheezing
 Dizziness

Section 11: Fei

- Coughing
 Asthma
 Shortness of breath
 Chest fullness
 Chest pain
 Wake up btwn 3-5 am
 Sadness & Grief

Section 12: Xin

- Palpitations
 Anxiety
 Insomnia
 Vivid dreaming
 Chest pain
 Left arm pain
 Tongue sores or ulcers
 Hysteria
 Forgetfulness

Section 13: Gan

- Pain in ribs
- Pain in sides of trunk
- Frequent anger
- Frequent depression
- Migraine headache
- Vertigo
- Ringing in ears
- Red or painful eyes
- Poor vision
- Poor nail growth

Section 14: Pi

- Low appetite
- Diarrhea
- Abdominal bloating
- Nausea
- Bleed easily
- Bruise easily
- Organ prolapse
- Frequent worrying

Section 15: Shen

- Painful low back
- Weak low back
- Painful knees
- Weak knees
- Poor vision

- Poor hearing
- Incontinence
- Frequent urination
- Nocturnal emission
- Sexual dysfunction
- Hair loss

Section 15: Continued

- Bone weakening
- Infertility
- Poor memory
- Frequently fearful

Section 16: LI

- Constipation
- Burning Anus, Rectum
- Hemorrhoids

Section 17: SI

- Abdominal pain
- Burning urination
- Bearing down sensation in groin

Section 18: Dan

- Right side trunk pain
- Jaundiced skin
- Bitter taste in mouth
- Alternating chills & fever
- Nausea
- Vomiting bitter fluids
- Easily frightened
- Indecisive
- Insomnia

Section 19: Wei

- Stomach ulcer
- Stomach pain
- Acid regurgitation
- Nausea
- Vomiting
- Swollen, painful gums
- Bad breath
- Always hungry

Section 20: UB

- Painful, burning urination
- Bladder stones
- Kidney stones
- Cloudy urine
- Bloody urine

Subject to the terms of this disclaimer and release, we are pleased to offer you one of our services in the Omega Wellness Center. We have explained the nature of the treatment to you and you have elected to receive that treatment.

Your treatment is not intended to diagnose any physical or mental condition or to prescribe or promote any particular product. It is not intended as a substitute for the advice and treatment of a licensed physician.

If you are uncomfortable during any portion of your treatment, advise your practitioner immediately.

You are participating in the treatment of your own volition, and you accept and assume any and all risks associated with, or consequences relating to, the selected treatment. You waive any claims you may have against Omega, its employees, practitioners, officers and directors, relating in any way to the treatment.

Your signature on this page indicates you have read, and are in agreement with, the release of liability which covers any Wellness Center services you partake in during the course of your stay at Omega. If you are under the age of 18, then a parent/guardian of the above-named child/youth must co-sign this form.

Signature: _____ Parent/Guardian(when applicable) : _____ Date: _____

Acupuncturist: _____

Comments: