Full Name:						
Date of Birth:/	Age:	Birthplace:				
Home Address:						
Home phone: (Work phone: ()	Cell phone: ()				
Gender: () M () F Height:	, ,,	Weight:lbs.				
Occupation:	Employer:					
How many hours do you work per week?						
Emergency contact:	phone #:					
Primary Care Physician:	phon	e #:				
OBGYN:	phon	e #:				
How did you hear about my office?						
Email address:						
LIST ALL YOUR CONDITIONS, STARTIN						
1. Have been a long had dried and design		ans Is this offers up 9 Vas/Na				
How long have you had this: days/v How frequently do you experience this condit What is the Intensity of your Discomfort: 1 - Provide Name & phone # of who is currently	tion?: constant/d - 10 (10 being m	laily/weekly/monthly/seasonally ost severe) :				
2.						
How long have you had this: days/weeks/months/years. Is this a flare up? Yes/No How frequently do you experience this condition?: constant/daily/weekly/monthly/seasonally What is the Intensity of your Discomfort: 1 – 10 (10 being most severe): Provide Name & phone # of who is currently treating you for this:						
3						
How long have you had this: days/v How frequently do you experience this condit What is the Intensity of your Discomfort: 1 - Provide Name & phone # of who is currently	tion?: constant/d - 10 (10 being m	laily/weekly/monthly/seasonally ost severe):				

	<u>ledical History:</u>								
R	ECENT TESTS: Please of	check a	ny tests	taken '	<u>within last ye</u>	ar a	nd sig	<u>nificant</u>	results:
() Physical ()) Chole	sterol	() Blood work	kup	() HIV/2	AIDS
() Thyroid ()) Colon	oscopy	() Stress Test		() Hepat	titis A/B/C
() MRI ()) X ray	S	() CAT scan		() Prosta	ate
() Mammogram ()) Pap sı	mear	() Liver panel	l	() Other	:
Si	gnificant results:								
<u>F</u> /	AMILY HISTORY: Pleas	se read	the follo	wing d	lirections car	<u>eful</u>	<u>ly:</u>		
Cl	HECK any condition you	had in	the past	. CIR	CLE if you <u>cı</u>	urre	ntly h	ave the o	condition.
() Addiction:	_ () Ebstein	n Barr `	Virus, EBV	() Mer	ningitis, v	viral/bacterial
() Allergies	() Emphy	sema		() Mig	raines	
() Anxiety / Panic Attacks	s () Epileps	sy / Sei	zures	() Moi	nonucleo	sis
() Asthma	() Eyes: g	glaucor	na / cataracts	() Mul	tiple Scl	erosis, MS
() Arthritis	() Heada	ches: te	ension / cluster	r () Osto	eoporosis	3
() Bursitis:	_ () Heart I	Disease	: heart attack	() Pne	umonia	
() Cancer:	_ () Hepati	tis A/B	/C, chronic	() Poli	О	
() Cancer:	_ () High E	Blood P	ressure	() Pso	riasis / E	czema
() Chicken Pox	() High C	Cholesto	erol:	() Ref	lux / Ulc	ers
() Crohns / Colitis	() High fo	evers: _		() Rhe	umatic F	ever
() Chronic Fatigue	() HIV / A	AIDS		() STI):	
() Chronic Bronchitis	() Irritabl	le Bow	el	() Stro	ke	
() COPD	() Jaundi	ce		() Ten	donitis	
() Depression	() Leuker	mia:		() Thy	roid: hy	po / hyper
() Diabetes, Type I, II	() Lymes	Diseas	se	() Tinı	nitus: Hi	/ Low pitch
() Diverticulitis	() Lupus			() Tun	nor / Mas	ss:
() Eating Disorder	() Measle	es / Mu	mps	() Tur	berculosi	S
<u>C</u> 1	HECK IF FAMILY MEM							_	
M	Heart Attack/Strokother	ke Ca	ncer H	igh Blo	od Pressure	Hig	h Cho	<u>lesterol</u>	Depression
Fa	therblings	_						_	

Please list ALL Medications & Supplements 1	Dosage T	Saking for what condition
2		
3		
4 See Use back of paper if you need extra room See	back of paper (check	if needed)
Please list ALL known Allergies:		
1	4	
2	5	
3	6	
Please list ALL surgeries and/or Hospitalization	ons Year	For what condition
1		
2		
3		
4		
Please list ALL emotional and physical traum		
1		age:
2		age:
3		age:
4		age:
Please CHECK areas where you experience pa	ain and discomfort	<u>:</u>
HEAD () temples () forehead () sin	uses () jaw	() back of head
TRUNK() neck () shoulders () ch	est () upper	back() mid-back
() low back () abdomen () int	estines () hips	() pelvic/groin
ARMS () upper arm () elbows () for	rearms ()wrists	() hands & fingers
LEGS () thighs () knees () cal		
Is your pain or discomfort: () Sharp ()	Burning () Ac	ching () Cramping
() Dull ()	Fixed () Mo	oving () Tight
What helps the pain? () Cold () Heat	() Exercise	() Rest
What makes the pain worse? () Cold () () Pressure	Heat () Ex () Hu	xercise () Rest umidity

\mathbf{W}	<u>OMEN ONLY: </u>	<u>ENS</u>	<u>TRUAL (</u>	CYCLE:	<u>Plea</u>	<u>se 1</u>	<u> ill out f</u>	<u>ollowin</u>	<u>g inforr</u>	<u>nation</u>	<u>: </u>
Ag	ge of first menstruati	on (r	nenarche):		_ Co	ould	l you be	pregnar	nt? YES	/NO	
Da	ys of Cycle (period	to pe	eriod):#		-	7	Γype of (Contrac	eption:		
Av	rerage number of day	ys yc	ou bleed: _		_	F	Pregnanc	eies:	Mis	scarriaș	ges:
Ple	ease describe your p	egna	ancies (ful	l-term, co	mpli	cati	ions, vag	ginal bir	ths):_		
CF	HECK if you have o	or ha	d any of t	hese cond	litio	ns?)				
() irregular cycles) pain bet					netriosi	s () yea	ast infections
() D & C	() cervical	•		(•		•	. •	rian cysts
() hysterectomy: pa	•		JF		() pain d	-			
`	ark an "B" if symp			fore vous		`	. •				" if after
171											
() anxiety	() breast s	welling	(breast te		·	•	y bleeding
() breast lumps	() clots		() (constipa	tion	() scant	y bleeding
() diarrhea	() depress	ion	() 1	food cra	vings	() vagir	nal discharge
() headaches	() irritabil	ity	() 1	nausea		() spott	ing
() abdominal pain	() spotting	5	() 1	fatigue				
() sweating	() water re	etention	() ,	vaginal o	discharg	ge		
Ple	ease fill in the follow	ving	menstrua	tion char	t, ev	ven	if you n	o longe	er have	a cycle	<u>:!!</u>
_											ay 6 *Day 7
Co	olor: (pale brown, pa	ale re	ed, bright	*	*		*	*	*	*	*
	l, brown, rust, dark,		_	*	*		*	*	*	*	*
Aı	nount of flow (nor	mal,	heavy,	*	*		*	*	*	*	*
lig	ht, spotting			*	*		*	*	*	*	*
	in/cramps: (lower		omen,	*	*		*	*	*	*	*
ov	aries, low back, groi	n		*	*		*	*	*	*	*
	in/cramps: Quali	•		*	*		*	*	*	*	*
acl	ny, sharp, stabbing, i	novi	ng	*	*		*	*	*	*	*
	ots: (dime size, nicl		juarter size		*		*	*	*	*	*
Co	lor: (black, red, purj	ole)		*	*		*	*	*	*	*
	ther symptoms:			*	*		*	*	*	*	*
(v)	vomiting, (N) nause	ea		*	*		*	*	*	*	*
<u>M</u>	EN ONLY: Please			re experie	encir	ng a			wing syn		ns:
<u>(</u>) Testicular pain			sperm co	ount	_ (w sex di		() PSA:
*P	lease remember to	brir	ng all med	lical reco	rds	anc	l your p	rimary	physic	ian's i	nformation.

Michelle Spina, LAc., MTOM 39 W. 14th Street, Suite 301, New York, NY 10011

Patient/Guardian Signature:	Print Name:

Please check the following if you have experienced it within the last 6-12 months. When given multiple symptoms on one line, circle all that apply. Be as thorough as possible.

() Heart disease:	H	eart	\mathbf{L}	ung
() Palpitations () Nasal discharge (color) () Amxiety () Cough () Night sweats () Wose Bleeds () Ulcers/sores in the mouth or tongue () Restlessness () Difficulty staying asleep () Difficulty staying asleep () Chest pain, may travel to shoulder () Chest pain, may travel to shoulder () Frequent dreams () Rash on the chest () Wakes up unrefreshed () Hot flashes () Hot flashes () Poor circulation () Since Cigarettes (# per day) () Smoke cigarettes (# per day) () Small Intestine () Bad Breath () Heartburn () Bad Breath () Large Intestine () Born short term memory () Undigested Food in Stools () Poor short term memory () Difficulty letting go of things () Appetite High Low () Appetite High Low () Cravings for Sweet/Salty () Overweight lbs. () Loose Stools/diarrhea () Proapsed Organs: () Hemorrhoids () Stomach Pain () Stomach Pain () Sowalling of the legs/arms/abdomen () Swelling of the legs/arms/abdomen () Swelling of the legs/arms/abdomen () Swelling of the legs/arms/abdomen	()Heart disease:	(
() Palpitations () Nasal discharge (color) () Amxiety () Cough () Night sweats () Wose Bleeds () Ulcers/sores in the mouth or tongue () Restlessness () Difficulty staying asleep () Difficulty staying asleep () Chest pain, may travel to shoulder () Chest pain, may travel to shoulder () Frequent dreams () Rash on the chest () Wakes up unrefreshed () Hot flashes () Hot flashes () Poor circulation () Since Cigarettes (# per day) () Smoke cigarettes (# per day) () Small Intestine () Bad Breath () Heartburn () Bad Breath () Large Intestine () Born short term memory () Undigested Food in Stools () Poor short term memory () Difficulty letting go of things () Appetite High Low () Appetite High Low () Cravings for Sweet/Salty () Overweight lbs. () Loose Stools/diarrhea () Proapsed Organs: () Hemorrhoids () Stomach Pain () Stomach Pain () Sowalling of the legs/arms/abdomen () Swelling of the legs/arms/abdomen () Swelling of the legs/arms/abdomen () Swelling of the legs/arms/abdomen	() Tendency to speak loudly and quickly	() Frequent colds/upper respiratory infections
() Night sweats () Ulcers/sores in the mouth or tongue () Restlessness () Difficulty staying asleep () Diry Mouth () Difficulty staying asleep () Dry Throat Dry Nose () Mental confusion () Chest pain, may travel to shoulder () Frequent dreams () Difficulty breathing: with inhaling with exhaling () Rash on the chest () Allergies: seasonal/food/chemical: () Wakes up unrefreshed () I experience Grief and/or Sadness () Hot flashes () Poor circulation () Drink coffee (# cups per week	() Palpitations	(
() Ulcers/sores in the mouth or tongue () Sinus Congestion () Pest elsesness () Dry Mouth () Dry Throat Dry Nose () Mental confusion () Dry Skin () Chest pain, may travel to shoulder () Skin tends to be itchy flaky () Frequent dreams () Difficulty breathing: with inhaling with exhaling () Rash on the chest () Allergies: seasonal/food/chemical: () Wakes up unrefreshed () I experience Grief and/or Sadness () Shortness of Breath () Sorciculation () Since Zing () Smoke cigarettes (# per day) () Speech problems () perspire easily () perspire easily () perspire asily () pry stools () Bad Breath () Constipation () Burning urination () Barribear no odor/ odor () Poor short term memory () Undigested Food in Stools () Inability to concentrate () Difficulty letting go of things () Appetite High Low () Diretticultis or Colitis () Appetite High Low () Diverticultis or Colitis () Pain in lower abdominal Bloating () Fatigue after Eating () Irriable Bowel Syndrome () Cravings for Sweet/Salty () Crohn's Disease () Diverticultis or Colitis () Prolapsed Organs: () Hemorrhoids () Blood in Stools () Mucous in Stools () Tendency to Worry () Coverthinking/Obsessive Thoughts () Swollen hands/joints () Swollen hands/joints () Swelling of the legs/arms/abdomen () Selling of the legs/arms/abdomen () Selling of the legs/arms/abdomen () Selling of the legs/arms/abdomen () Chest congestion	() Anxiety	() Cough
() Restlessness () Dry Mouth () Dry Nose () Drifficulty staying asleep () Mental confusion () Dry Skin () Chest pain, may travel to shoulder () Skin tends to be itchy flaky () Skin tends to	() Night sweats	() Nose Bleeds
() Difficulty staying asleep	() Ulcers/sores in the mouth or tongue	() Sinus Congestion
() Mental confusion () Dry Skin () Chest pain, may travel to shoulder () Skin tends to be itchy flaky () Frequent dreams () Difficulty breathing: with inhaling with exhaling () Rash on the chest () Allergies: seasonal/food/chemical: () Wakes up unrefreshed () I experience Grief and/or Sadness () Hot flashes () Shortness of Breath () Poor circulation () Sneezing () Drink coffee (# cups per week ()) Chest problems () Smoke cigarettes (# per day () perspire easily () craves spicy foods Small Intestine () Bad Breath () Constipation () Breath () Dry stools () Heartburn () Dry stools () Distribution () Bis () x every () Undigested Food in Stools () Inability to concentrate () Difficulty letting go of things () Abdominal Bloating () Pain in lower abdomen () Prolapsed Organs: () Prolapsed Organs: () Hemorrhoids () Hemorrhoids () Prolapsed Organs: () Hemorrhoids () General sensation of heaviness () Muscle Weakness () Foggy thinking () Swelling of the legs/arms/abdomen () Chest congestion () Chest co	() Restlessness	() Dry Mouth
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() Frequent dreams () Difficulty breathing: with inhaling with exhaling () Rash on the chest () Allergies: seasonal/food/chemical:	() Mental confusion	() Dry Skin
() Rash on the chest	() Chest pain, may travel to shoulder	() Skin tends to be itchy flaky
() Rash on the chest () Allergies: seasonal/food/chemical:	() Frequent dreams	() Difficulty breathing: with inhaling with exhaling
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Stomach() Swollen hands/joints() Stomach Pain() Swelling of the legs/arms/abdomen() Belching/Hiccoughs() Chest congestion	() Muscle Weakness	() Foggy thinking
() Belching/Hiccoughs () Chest congestion	St	omach	(
() Belching/Hiccoughs () Chest congestion	() Stomach Pain	(
	((
() Shoring	() Reflux/Heartburn	() Snoring
() Nausea/Vomitting () Nausea	() Nausea/Vomitting	(

() Bad Breath	() Overweight lbs	
() Excessive Appetite	() Difficulty getting out of bed	
) Excessive Thirst	() Symptoms aggravated by humidity	
() Bleeding, swollen or painful gums	() Fatigue	
•	dney	Liver	
) Poor kidney function	() Jaundice	
) Ringing in ears: low/high pitch	() Liver disorder: hepatitis/high liver enzymes	
() Memory problems	() Alternating diarrhea-constipation	
() Knees: Weak	() Chest Pain	
() Knees: painful	() Tight sensation in chest	
() Low Back Pain	() Bitter Taste in the mouth	
() Crave Salty foods	() Irritability/Anger easily	
() Difficulty Conceiving (Infertility)	() Experience Frustration frequently	
() Frequent Cavities	() Depression	
() Easily broken bones	() Skin rashes :	
() Excessive Hair Loss	() High-pitched ringing in ears	
() Dry thin hair	() Tendency to have headaches: stress related	
() Kidney stones	() Seizures/convulsions	
) Hearing Loss	() Muscle twitching/cramping/spasms	
) Libido: high/low	() Numbness/Tingling	
) Wake up during night to urinate: x	() High stress level	
) Lack of bladder control	() Do not like change	
) Fear	() Feel like I have a Lump in my throat	
) Easily startled	() Brittle nails/pale nail beds	
•) Hot flashes	() Sexually transmitted disease	
) Perspires easily	() Drink alcohol (# per week): kind:	
) Night Sweats	() Eyes:Itchy Hot Dry Gritty Tearing sensitive to l	ight
) Menopausal	() Blurry Vision or other eye disorder:	
) Dry mouth with thirst	() Near sighted or Far sighted	
) Hot sensation in hands/feet/chest	Gallbladder	
) Sweaty hands/feet	() Hip pain/sciatica	
) Hot Body temperature (sensation)	() Gallstones	
) Do not get a menstrual period	() Headache on sides of head	
) Irregular menstruation	() Timidity/shyness	
() Difficult to sweat/Do not sweat	() Limited range of motion - hips	
() Cold hands/feet	() Limited range of motion – neck, shoulder	
) Cold body temperature (sensation)	() Waking too early and inability to fall back aslee	p
) Bone loss: osteoporosis/osteopenia	() Neck & shoulder tension	
,) Thyroid disorder: hypo/hyper	() Difficulty making decisions	
(DI)Slow to heal	Immune System & Circulation	
RI	adder	() Low Energy/Fatigue	
() Urine color: dark/yellow/red/brown	() Shortness of Breath	
() Amount of urine: excessive/small	() Easily catch colds	
() Tendency toward Bladder infections	() General weakness	
() Cloudy urination	() Sweating with little exertion	
() Difficult to start to urinate	() Bruise easily	
() Blood in urine	() Tendency toward anemia	
() Frequent urination: x day	() Pale complexion	
() Urinary incontinence	() Dry hair dry skin	
() Painful urination	() Palpitation	

() Urgent urination	() Poor circulation
() Urinary incontinence	() Poor sleep
() Muscle tightness along the spine	() Poor digestion
() Difficulty bending foward	() Feel worse after exercise

If there is anything else you would like to add that I have not addressed please discuss here: