

# CONSULTATION HISTORY

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_

**Major Complaints:** \_\_\_\_\_

How Long? \_\_\_\_\_ How Often? \_\_\_\_\_

Are there any other health problems that concern you besides your major complaint that you wish you could get rid of, even if you never considered an acupuncture & Chinese herbal medicine could help? For example, do you have any sinus problems, hormone problems, weight problems, asthma, diabetes, digestive troubles, arthritis, fatigue, mood swings, troubles with sleep, or any other problem at all you wish you could get rid of?

**Secondary Complaint:** \_\_\_\_\_

When I examine you today, would you mind if I look to see if there is any damage to the nerves related to your other problem(s)? It would take only a few minutes more and I will **not charge** you anything extra. I just want to see if I can help.

Yes  No

Regarding this problem: How long? \_\_\_\_\_ How often? \_\_\_\_\_

Who is your Primary Care Physician? \_\_\_\_\_

By the way, is there anyone else in your family who has health problems, even if they are not the same as yours?

Who	What Problem	Care he/she is receiving	Local
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## DO THE REST OF THE CONSULTATION HISTORY ON BOTH CONDITIONS

As a wellness practice we believe health problems can come from biochemical imbalances due to poor nutrition or toxicity, hormone imbalances from stress or neurologic problems from trauma. I want to now ask you about your history of trauma to see if there could have been any damage to your nervous system. The average child

has 1,000 traumas by the age of 13 and we want to find out if you had more than the average trauma. When you were a child were you accident prone?  Yes  No

How many times a week do you think you fell down while running around? \_\_\_\_\_

Did you ever:

Physically rough-house with brothers or sisters?  Yes  No Number of times a week? \_\_\_ For how many years? \_\_\_\_\_

Fall off your bike?  Yes  No Number of times a week? \_\_\_ For how many years? \_\_\_\_\_

Play sports (e.g.: football, skiing, hockey, etc.)  Yes  No Number of times a week? \_\_\_ For how many years? \_\_\_\_\_

Read with your neck flexed for more than two hours at a time?  Yes  No Number of times a week? \_\_\_ For how many years? \_\_\_\_\_

Pillow fights?  Yes  No Number of times a week? \_\_\_ For how many years? \_\_\_\_\_

Gymnastics, dance or cheerleading?  Yes  No Number of times a week? \_\_\_ For how many years? \_\_\_\_\_

Had any auto accidents?  Yes  No How many? \_\_\_\_\_ at what ages? \_\_\_\_\_

Since the time you began suffering from this problem what, if anything, have you tried that did not work permanently?

Over the Counter Meds \_\_\_\_\_

Prescriptions \_\_\_\_\_

Ice  Heat  Massage  Exercise  Vitamins  Other \_\_\_\_\_

While these may have given you temporary relief do you see that they haven't truly fixed your problem yet?  Yes  No

Are you frustrated by this?  Yes  No

(IF NO) So if not frustrating, what would you say it makes you feel emotionally to have these problems? \_\_\_\_\_

When these problems is at their worst, describe hat happens? (For example: Do you get nauseous, irritable, restricted in motion, have to lay down, etc.) \_\_\_\_\_

**I'm going to ask you some questions about how these problems are affecting your life so that we can better measure your progress and the benefits of our care in the future.**

Would you be less productive on your job when your health problems are at their worst?  Yes  No

Would you enjoy your work less when your health problems are at their worst?  Yes  No

Would you have to take more breaks when you problems are at their worst?  Yes  No

When your problem is at its worse do you enjoy being with friends and family less?  Yes  No

When your problem is at its worse would you cancel activities with friends or family?  Yes  No

When your problem is at its worse are there things you cannot do around the house that you normally would do?  Yes  No

Who's more disappointed: your family, friends or you about your inability to participate in or to enjoy these activities? \_\_\_\_\_

What hobbies, interests or physical activities do you like to do outside of work? \_\_\_\_\_

When your problems are at their worst, do they prevent you from doing or enjoying these activities?  Yes  No

Is there anything else you would do more of or just enjoy more if it wasn't for this condition? \_\_\_\_\_

Because healing occurs when you are asleep, and sleep is essential to a proper immune system, I wanted to ask you about your sleep?

- Do you have:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Trouble falling asleep due to being uncomfortable? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Not enough restful sleep?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Awakenings in the middle of the night?             | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Waking earlier than you normally would?            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

When you were younger, how old did you think you would be before you had problems like you do now? \_\_\_\_\_

(Or for persons in their late 40s or older) How young would you feel if you didn't have these problems? \_\_\_\_\_

So you are \_\_\_\_\_ years old now, and with these problems you feel \_\_\_\_\_ years older than you are.

So, if we got rid of these problems, you would feel \_\_\_\_\_ years younger? Would that not be valuable? \_\_\_\_\_

So, this problem has been going on \_\_\_\_\_ years/months. If the problem goes on for another \_\_\_\_\_ years without help, how much worse do you think it will get? (Could you develop arthritis, become bedridden, become unable to function normally, etc.?) \_\_\_\_\_

It really sounds like its time to for this to change how you have been addressing these problems, would you agree?

Yes  No

On a scale of 1-10, with ten being the highest, how much do you want to get rid of these problems and feel great?

Assuming that we could help you with your condition is there anything that would prevent you from following through with the treatment plan?  Yes  No

Concerns: Time, Transportation, other. Specify: \_\_\_\_\_

---

---

---

---

---