

Well Rooted Lung Health & Wellness

16 Madison Square West, 11th Floor New York, NY 10010

Dear Patient:

Thank you for your visit today. In order to provide you with holistic care and address the root cause of your health concerns, we would like you to complete a detailed and comprehensive health questionnaire. Your answers will help you achieve better treatment results. The more you are willing to share with us, the better we can treat the root cause of your health conditions and symptoms.

Patient's Name:	Date:
Patient's Name:	 Date:

Doctor's Name	Referred B	у	Date	File #:	
	PATIENT	HEALTH HISTOR	RY	Re-evaluation: []Yes
Address:Cell Phone:	Gende	er: []M, []F Age: _ City ne	Height: State Birth Date	Weight:Zip	
	s Name:		ne: F	ax:	
*Wei Institute Doctor's * Required information – with 2. Have you ever used:	s Name Email: nout it your treatment recommendation Chiropractic Treatment ons? near about options for your	on will be delayed or not pr []Chinese Herbal I condition (please ci	ocessed Medicine []Acupu	ncture []Homeo	
Other Complaints:	itions:				
Are you now or have you Have you ever retained at 5. Pain Symptoms: a (In Order b.	orted? Yes No Report ever been disabled? Yes a attorney? Yes No N	ed to: []Employer s No Date: [ame: Began (Mo/Yr) Began (Mo/Yr)	[]Auto Carrier	ne: sodes (Mo/Yr)sodes (Mo/Yr)	
List the frequency and se Frequency: 1=20% of the time 2=40% of the time 3=60% of the time 4=80% of the time 5=100% of the time Location Frequence a	g, B=Burning, P=Pain, S= verity of your condition or Severity:	Soreness, A=Ache, a a scale of 1 to 5: eation zation) Getting Worse? Yes No		iffness, X=Scars	H. H. H.
Does it affect other areas	of your body (please circle	e)? Yes No			
7. Do you have, or have you Osteoarthritis Bo Bulging Disc Te Herniated Disc Jo DDD Bu Stenosis Sp	one Spurs Nor ndonitis Ava int Separations Pos	n-union Fracture ascular Necrosis t-herpetic neuralgia arcostal Neuralgia rton's Neuroma	Patellar S	ry Tear, Chondromal Syndrome)	acia
B. Does the condition interf Please describe: Without treatment, how v	ere with (please circle): would it affect your quality				

9. What seems to make the cond What seems to make it wors What treatments have you tr	lition better?e?ied?		
10. If you are currently under the Name:	e care of a health care practiti Phone:	oner for any conditions or in Email:	juries, please provide their:
Description of Treatment:	Phone:		
11. Please list any current therap	oies:		
12. Please describe your lifestyle	e (please circle)		
Appetite: Low Mod		Exercise (please	circle).
	No Glasses/Day	Exercise (prease	enere).
Coffee: Yes	No Cups/Day	None	Very Active
0 1 37	NI C /D	None	very Active
Artificial Sweeteners:	No Cups/Day Yes No	Light	Elite Athlete
Creating of Care Care and	Yes No	Light	Ente Atmete
Cravings for Sugar: Cravings for Salty Foods:	Yes No	36.1	
Cravings for Salty Foods:	Yes No	Moderate	
Stress Level: High			
Alcohol: Yes No	Glasses/Day	Active	
Smoking: Yes No	Cigarettes/Day		
Marijuana: Yes No	Times/Day	Type of Exercis	se:
Other Drugs :			
Occupational Hazards: Frequency of Exercise:			xercise:
13. List vitamins or supplements			
14. List prescribed and over-the-Anti-acids (please check):	[] TUMS [] Zanta	ac [] Other:	
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications:	[] TUMS [] Zanta ase check): [] Prilosec []	nc [] Other:] Pepcid [] Prevacid [] Other:
Anti-acids (please check): Proton Pump Inhibitors (ple	[] TUMS [] Zanta ase check): [] Prilosec []	nc [] Other:] Pepcid [] Prevacid [Now Past] Other:
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease	Now Past High Cholesterol	Now Past Rheumatic Fever
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease	Now Past High Cholesterol Hyperlipidemia	Now Past Rheumatic Fever Rheumatoid Arthritis
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes	Now Past High Cholesterol Hyperlipidemia	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis	Now Past High Cholesterol Hyperlipidemia High Cholesterol Hyperlipidemia High Cholesterol Hyperlipidemia High Cholesterol Hyperlipidemia High Cholesterol	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal	Now Past High Cholesterol Hyperlipidemia	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema	Now Past High Cholesterol Hyperlipidemia Influenza IBD IBS Kidney Stones	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy	Now Past High Cholesterol Hyperlipidemia	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema	Now Past High Cholesterol Hyperlipidemia Influenza HBD HBS Kidney Stones Kidney Failure Lyme Disease Meniere's Disease	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation	history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fatty Liver	Now Past High Cholesterol Hyperlipidemia Hifluenza HBD HBS Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Mental Disorder	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma	TUMS Zanta ase check): Prilosec	Now Past High Cholesterol Hyperlipidemia Influenza BD BS Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Mental Disorder Migraines	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma Bronchiectasis	history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fatty Liver Fibromyalgia Fibroid	Now Past High Cholesterol Hyperlipidemia Influenza HBD HBS Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Mental Disorder Migraines Multiple Sclerosis	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma	history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fibroid Gall Bladder Stones	Now Past High Cholesterol Hyperlipidemia Hifluenza HBD HBS Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Mental Disorder Migraines Multiple Sclerosis Ovarian Cyst	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AlDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma Bronchiectasis Breast Lump Cancer Candida	history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fatty Liver Fibromyalgia Fibroid	Now Past High Cholesterol Hyperlipidemia Lyperlipidemia High Cholesterol Hyperlipidemia High Cholesterol Hyperlipidemia High Cholesterol Hyperlipidemia High Cholesterol Hyperlipidemia High Cholesterol	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma Bronchiectasis Breast Lump Cancer Candida Chicken Pox	history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fibroid Gall Bladder Stones Goiter	Now Past High Cholesterol Hyperlipidemia Lyperlipidemia High Cholesterol Hyperlipidemia High Cholesterol Hi	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past	TUMS Zanta ase check): Prilosec	Now Past High Cholesterol Hyperlipidemia Lymerial High Cholesterol Hyperlipidemia High Cholesterol High Cho	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI Interstitial Cystitis
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma Bronchiectasis Breast Lump Cancer Candida Chicken Pox Chronic Bronchitis Chronic kidney disease	history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fibroid Gall Bladder Stones Goiter Gout Hernia (Hiatal) Heart Murmur	Now Past High Cholesterol Hyperlipidemia Lyme Disease Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Mental Disorder Migraines Multiple Sclerosis Ovarian Cyst Pacemaker Pancreatitis Pleurisy Pneumonia Prostatitis	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI Interstitial Cystitis Vitiligo
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past	history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fibroid Gall Bladder Stones Gout Hernia (Hiatal) Heart Murmur Hepatitis	Now Past High Cholesterol Hyperlipidemia High Cholesterol Hype	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI Interstitial Cystitis
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma Bronchiectasis Breast Lump Cancer Candida Chicken Pox Chronic Bronchitis Chronic kidney disease Cirrhosis	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fatty Liver Fibromyalgia Fibroid Gall Bladder Stones Goiter Gout Hernia (Hiatal) Hernia (Inguinal) Heart Murmur Hepatitis Herpes	Now Past High Cholesterol Hyperlipidemia Lyme Disease Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Mental Disorder Migraines Multiple Sclerosis Ovarian Cyst Pacemaker Pancreatitis Pleurisy Pneumonia Prostatitis	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI Interstitial Cystitis Vitiligo Venereal Disease
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma Bronchiectasis Breast Lump Cancer Candida Chicken Pox Chronic Bronchitis Chronic kidney disease Cirrhosis Coppd	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fatty Liver Fibromyalgia Fibroid Gall Bladder Stones Goiter Gout Hernia (Hiatal) Hernia (Inguinal) Heart Murmur Hepatitis Herpes High Blood Pressure	Now Past High Cholesterol Hyperlipidemia Influenza IBD IBS Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Mental Disorder Migraines Multiple Sclerosis Ovarian Cyst Pacemaker Pancreatitis Pleurisy Pneumonia Prostatitis Psoriasis Pulmonary fibrosis	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI Interstitial Cystitis Vitiligo Venereal Disease Whooping Cough
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma Bronchiectasis Breast Lump Cancer Candida Chicken Pox Chronic Bronchitis Chronic kidney disease Cirrhosis Coppd 16. Please use the point scales t	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fatty Liver Fibromyalgia Fibroid Gall Bladder Stones Goiter Gout Hernia (Hiatal) Hernia (Inguinal) Heart Murmur Hepatitis Herpes High Blood Pressure	Now Past High Cholesterol Hyperlipidemia Influenza High Cholesterol Hyperlipidemia Influenza High Cholesterol Hyperlipidemia Influenza High High Cholesterol Hyperlipidemia Lyme Disease Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Meniere's Disease Mental Disorder Migraines Multiple Sclerosis Ovarian Cyst Pacemaker Pancreatitis Pleurisy Pneumonia Prostatitis Psoriatic arthritis Psoriasis Pulmonary fibrosis e past 3 months.	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI Interstitial Cystitis Vitiligo Venereal Disease Whooping Cough Other, Describe
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past Acid Reflux/Heart Burn AIDS/HIV Alcoholism Allergies Anemia Appendicitis Arthritis Arteriosclerosis Asthma Atrial Fibrillation Birth Trauma Bronchiectasis Breast Lump Cancer Candida Chicken Pox Chronic Bronchitis Chronic kidney disease Cirrhosis Coppd 16. Please use the point scales t	[] TUMS [] Zanta ase check): [] Prilosec [] history (please check). Now Past Coronary artery disease Cystic Fibrosis Diabetes Diverticulitis Drug Withdrawal Emphysema Epilepsy Eczema Erectile Dysfunction Fatty Liver Fibromyalgia Fibroid Gall Bladder Stones Goiter Gout Hernia (Hiatal) Hernia (Inguinal) Heart Murmur Hepatitis Herpes High Blood Pressure orate your symptoms over the	Now Past High Cholesterol Hyperlipidemia Influenza High Cholesterol Hyperlipidemia Influenza High Cholesterol Hyperlipidemia Influenza High High Cholesterol Hyperlipidemia Lyme Disease Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Meniere's Disease Mental Disorder Migraines Multiple Sclerosis Ovarian Cyst Pacemaker Pancreatitis Pleurisy Pneumonia Prostatitis Psoriatic arthritis Psoriasis Pulmonary fibrosis e past 3 months.	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI Interstitial Cystitis Vitiligo Venereal Disease Whooping Cough Other, Describe
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past	history (please check). Now Past Coronary artery disease Cystic Fibrosis Diverticulitis Diverticulitis Emphysema Epilepsy Eczema Erectile Dysfunction Fibroid Gall Bladder Stones Gout Hernia (Hiatal) Hernia (Inguinal) Heart Murmur Hepatitis Herpes High Blood Pressure orate your symptoms over the 2 = Occasional, Severe 3 = Freq Bloating Gas	Now Past High Cholesterol Hyperlipidemia Influenza IBD IBS Kidney Stones Kidney Failure Lyme Disease Meniere's Disease Mental Disorder Migraines Multiple Sclerosis Ovarian Cyst Pacemaker Pancreatitis Pleurisy Pneumonia Prostatitis Psoriatic arthritis Psoriasis Pulmonary fibrosis e past 3 months. uent, Not Severe 4 = Frequent Gluten Intolerance Food Allergies	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI Interstitial Cystitis Vitiligo Venereal Disease Whooping Cough Other, Describe
Anti-acids (please check): Proton Pump Inhibitors (ple Other Medications: 15. Please describe your health Now Past	history (please check). Now Past Coronary artery disease Cystic Fibrosis Diverticulitis Diverticulitis Emphysema Epilepsy Eczema Erectile Dysfunction Fibroid Gall Bladder Stones Goiter Gout Hernia (Hiatal) Hernia (Inguinal) Heart Murmur Hepatitis Herpes High Blood Pressure o rate your symptoms over the 2 = Occasional, Severe 3 = Freq Bloating	Now Past High Cholesterol Hyperlipidemia High Cholesterol High Cholesterol High Cholesterol High Cholesterol High Cholesterol High Cholesterol Hyperlipidemia Hyperlipidemi	Now Past Rheumatic Fever Rheumatoid Arthritis Sarcoidosis Scoliosis Scarlet Fever Small intestinal bacterial overgrowth (SIBO) Seizures Stroke Thyroid Disorders Tuberculosis Typhoid Fever Ulcers, Location: Ulcerative Colitis Crohn's Disease UTI Interstitial Cystitis Vitiligo Venereal Disease Whooping Cough Other, Describe

Blood in Stool	Craving Certain Foods	Numbness	Wakes Up Frequently
Mucous in Stool	Describe:	Ties	Morning Shakiness
Black Stool	Excessive Weight	Foot Neuropathy	Cannot Wake Up in Morning
Stomach Pains/Cramps	Loss of Taste		
Abdominal Pain	Compulsive Eating	Energy & Activity	Mouth & Throat
Abdominal Spasms	Poor Appetite	Apathy, Lethargy	Chronic Coughing
Lack of Bowel Control	Heavy Appetite	Attention Deficit	Gagging, Often Clearing Throat
Itchy Anus	Strongly Like Cold Drinks	Fatigue	Sore Throat, Hoarse, Voice Loss
Rectal Pain	Strongly Like Hot Drinks	Lack of Strength	Swollen/Discolored Tongue/Lips
Hemorrhoids	Water Retention	Body Heaviness	Sores on Lips or Tongue
Anal Fissures	Musculoskeletal	Hyperactivity	Canker Sores
Bowel Movements:	Muscle Pains	Restlessness	Itching on Roof of Mouth
Frequency	Muscle Cramps	Shortness of Breath	Dry Mouth Excessive Saliva
Color	Pains or Aches in Joints	Stuttering or Stammering	Recurrent Sore Throat
Texture/Form	Stiffness/Limited Range of Motion	Slurred Speech	
Odor	Pains or Aches in Muscles	Ears	Excessive Phlegm Color:
General	Feeling of Weakness/Tiredness	Itchy Ears	Swollen Glands
Sweat Easily	Swollen Tender Joints	Ear Aches, Ear Infections	Lumps in Throat
Night Sweats	Pain in Legs	Drainage from Ears	Enlarged Thyroid
Gall Bladder Trouble	Hip Tightness/Coldness/Pain	Hearing Loss	Teeth Problem
Cold Hands or Feet	Rib Pain	Reddening of the Ears	Gum Problem
Poor Circulation	Neck/Shoulder Pain	Ringing in the Ears	Grinding Teeth
Spitting Blood	Upper Back Pain	Headaches	Offinding Teeth
Fever	Back Pain	Concussions	Skin & Hair
Chills	Lower Back Pain		Acne
Muscle Cramps	Sciatic Pain	Nose	Itching
Lower Extremity Edema	Cardiovascular	Stuffy Nose	Hives
Vertigo or Dizziness	Heart Murmur	Dryness Inside the Nose	Rash
Bleed or Bruise Easily	Heart Palpitations	Chronically Red,	Eczema
Frequent Illness	Irregular or Skipping Heartbeat	Inflamed Nose	Dry Skin
Seasonal Allergy	Rapid or Pounding Heartbeat	Sinus Problem	Ulcerations
Addicted to Drugs	Chest Pain	Hay Fever	Hair Loss
Addicted to Smoking	Difficulty Breathing	Sneezing Attacks	Dandruff
Peculiar Taste:	High Blood Pressure	Excessive Mucous Formation	Flushing or Hot Flashes
Describe:	Low Blood Pressure	Back Dripping	Change in Hair/Skin Texture
Respiratory	Blood Clots	Nose Bleeding	Loss in Pigmentation
Tight Chest	Anemia	Eyes	Skin Fungal Infections
Shortness of Breath	Fainting	Glasses/Contacts	Far Warran Orla
Difficulty Breathing	Tachycardia	Watery or Itchy Eyes	For Women Only
When Lying Down		Red, Swollen or Sticky Eyelids	Age Menstrual Cycle Began:
Itching Inside the Chest	Emotions	Bags/Dark Circles Under Eyes	Length of Cycle (Day 1 - Day 1):
Wheezing	Mood Swings	Poor Vision	Length of Cycle (Day 1 - Day 1).
Persistent Cough	Anxious, Fear, Nervous	Blurred or Tunnel Vision	Duration of Flow:
Coughing Blood	Angry Irritable, Aggressive	Sensitive to Sunlight	Dark Color Flow
Cough: Wet / Dry, Thick / Thin	Easily Stressed	Eye Strain	Clots in Flow
Color of Phlegm	Argumentative	Eye Pain	Excessive Flow
Other Lung Problems	Frustrated, Cries Easily	Red Eyes	Irregular Cycle
	Depression	Itchy Eyes	Painful Period
Urinary	Abuse Survivor	Easily Fatigued Eyes	Painful Intercourse
Bedwetting	Considered/Attempted Suicide	Spots in Eyes	Excessive Vaginal Discharge
Blood in Urine	Seeing a Therapist	Night Blindness	Menopause Symptoms
Lack of Bladder Control	Obsessive Behavior	Glaucoma	Lump in Breast
Pain During Urination	Compulsive Thoughts	——Cataract	Vaginal Dryness
Frequent/urgent urination	Uncontrollable Urges		Vaginal Sores
Incomplete Urination	Mind	Head	Vaginal Odor
Wake to Urinate	Poor Memory	Headaches	Vaginal Odor Vaginal Discharge Color:
Prostate Problem Genital Itch or Discharge	Difficulty Completing Projects	Migraines	. agriar Distinigo Color.
Genital Itch or Discharge	Difficulty with Mathematics	Faintness	# of Pregnancies:
Premature Ejaculation	Underachiever	Dizziness	# of Live Births:
Recurrent Bladder Infections Impotence	Poor/Short Attention Span	Facial Flushing	# of Premature Births:
Increased Libido	Confusion	Facial Pain	Age at Menopause:
Decreased Libido	Easily Distracted	TMJ	Date Last Period Began:
DCGCascu Livido	Difficulty Making Decisions	Sleep	
Weight & Eating	Learning Disability	Insomnia	Any Other Symptoms:
Recent Weight Loss	Nauvalagiaal	Sleep Disorder	v v K
Recent Weight Gain	Neurological	Difficulty Falling Asleep	
Binge Eating/Drinking	Seizures	Difficulty Staying Asleep	-

17. Operations and Procedures			
Date	Date	Date	
Vaccinations	Tubes in Ears	Sinus	Other:
Tonsillectomy	Appendectomy	Hernia	Date:
Gall Bladder	Gynecological	Thyroid	
Back Operation	Rectal Surgery	Stomach	
List and date any accidents or falls	(please check):		
[] Car, [] Recreati	on, [] Sports	, [] School	, [] Other
Have you ever had spinal taps or si	ninal injections (please circle)?	Yes No D	ate:
Have you ever lost consciousness (please circle)? Yes No	Why?	
Have you ever had X-ray taken?	Yes No Date:	By Whoi	n?
For what ailment were these Y-ray	rc taken?		
Do you suffer from any condition of	other than that for which you are	now consulting us?	
I understand and agree that health a The heath care provider's office we guarantee reimbursement. Direct pure credited to my account upon receip responsibility and I agree to make suspend or terminate my care and to party collection become necessary. I authorize the health care provider care, acupuncture, Traditional Chin	ill prepare necessary paperwork to payments made from the insurance of and any balances due will be me payments for these services to the treatment, any fees for services re- to, I agree to pay all fees involved in the to examine and treat my condition	to assist me in the filling in the company to the health can responsibility. All service the health care provider's of the endered will be immediate an collections of the account on as deemed appropriate	nsurance claims but cannot are provider's office will be ices rendered to me are my personal fice. I also understand that if I ly due and payable. Should third int.
Patient's / Guardian's Sign	ature:		Date: