

Costa Acupuncture

10200 Venice Blvd

Culver City, Ca 90232

(310) 776-5096 www.TheAcuCenter.com

Health History Questionnaire and Registration

PATIENT INFORMATION	CONTACT INFORMATION
Date _____	Home phone _____
Name _____	Work phone _____
Address _____	Other/cell phone _____
City State Zip _____	Email _____
Age _____ Birthdate _____	
Occupation _____	Another person we may contact if needed:
Company name _____	Name _____
Primary physician _____	Relationship _____
Physician phone number _____	Home phone _____
How did you hear about us? _____	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:

- Neck
- Shoulders
- Arms
- Hands
- Back
- Hips
- Legs
- Feet
- 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 _____