

# WELL-BEING ACUPUNCTURE CENTER

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

If you have ever had any of the symptoms listed below, please write the letter "C" if they are current, "P" if they occurred in the past, and "I" if they are intermittent.

## HEAD

\_\_\_ headaches \_\_\_ dizziness \_\_\_ fainting \_\_\_ loss of balance \_\_\_ eyes watering \_\_\_ dry eyes \_\_\_ eye pain or itch  
\_\_\_ cataracts \_\_\_ vision trouble \_\_\_ hearing problems \_\_\_ noise/ringing in ears \_\_\_ earaches or drainage \_\_\_ ear infections  
\_\_\_ dental problems \_\_\_ loss of teeth \_\_\_ tooth pain \_\_\_ teeth feel loose \_\_\_ grinding teeth \_\_\_ bad breath \_\_\_ jaw clicks  
\_\_\_ sore tongue \_\_\_ lack of taste or smell \_\_\_ lump in throat \_\_\_ sore throat \_\_\_ dry mouth \_\_\_ stuffy or runny nose  
\_\_\_ sinus problems \_\_\_ nosebleeds

## CHEST

\_\_\_ shortness of breath \_\_\_ dry cough \_\_\_ cough with sputum \_\_\_ chest colds/pneumonia \_\_\_ heart murmur  
\_\_\_ rapid heartbeat \_\_\_ heart "skips beats" \_\_\_ heart palpitations or pounding \_\_\_ chest pain / pressure  
\_\_\_ stuffy sensation in chest \_\_\_ difficulty breathing when lying down

## GASTRO-INTESTINAL

\_\_\_ food cravings \_\_\_ frequent thirst \_\_\_ loss of appetite \_\_\_ weight loss/gain \_\_\_ recurring indigestion \_\_\_ heartburn  
\_\_\_ stomach ache \_\_\_ acid reflux \_\_\_ nausea or vomiting \_\_\_ belching \_\_\_ bitter taste in mouth \_\_\_ sweet taste in mouth  
\_\_\_ intestinal gurgling \_\_\_ bloating \_\_\_ abdominal pain \_\_\_ constipation \_\_\_ diarrhea or loose stool \_\_\_ hard dry stools  
\_\_\_ straining at stool \_\_\_ use of laxatives \_\_\_ hemorrhoids

## UROGENITAL

\_\_\_ frequent urination \_\_\_ involuntary loss of urine \_\_\_ up at night to urinate \_\_\_ burning on urination  
\_\_\_ brown or reddish urine \_\_\_ weakened urine stream \_\_\_ urine flow is slow to start \_\_\_ frequent urge to urinate  
\_\_\_ kidney stone \_\_\_ bladder infection \_\_\_ kidney Infection \_\_\_ genital herpes \_\_\_ change in sexual energy  
\_\_\_ infertility \_\_\_ pain during intercourse

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### MALE ONLY

\_\_\_ testicular pain \_\_\_ penis pain \_\_\_ hernia \_\_\_ loss of erection \_\_\_ prostate problems \_\_\_ nocturnal emission  
\_\_\_ loss of semen during the day \_\_\_ premature ejaculation

### FEMALE ONLY

\_\_\_ menstrual pain \_\_\_ irregular menses \_\_\_ change in menstrual flow \_\_\_ clotted blood in menses \_\_\_ late/early period  
\_\_\_ uterine bleeding \_\_\_ water retention \_\_\_ breast pain/tenderness \_\_\_ breast discharge \_\_\_ lower abdominal pain  
\_\_\_ vaginal discharge \_\_\_ vaginal yeast \_\_\_ miscarriages \_\_\_ hot flashes \_\_\_ endometriosis \_\_\_ fibroids, ovarian cyst

### SLEEP

\_\_\_ insomnia \_\_\_ nightmares \_\_\_ very vivid dreams \_\_\_ repetitive dreams \_\_\_ light sleeper \_\_\_ other sleeping problems  
\_\_\_ excess sleeping \_\_\_ awaken fatigued

### BONE, MUSCLE, NERVE

\_\_\_ neck pain \_\_\_ upper/mid back pain \_\_\_ shoulder pain \_\_\_ hip/knee/ankle pain \_\_\_ low back pain \_\_\_ disc problems  
\_\_\_ other spinal problems \_\_\_ low back sore or weak \_\_\_ muscle tension \_\_\_ muscle weakness \_\_\_ muscle ache  
\_\_\_ joint swelling & pain \_\_\_ joints make noise \_\_\_ leg cramps \_\_\_ broken bones \_\_\_ osteoporosis \_\_\_ arthritis  
\_\_\_ gout \_\_\_ trembling or tremors \_\_\_ numbness/tingling

### CARDIOVASCULAR

\_\_\_ high blood pressure \_\_\_ low blood pressure \_\_\_ swelling in hands/feet \_\_\_ phlebitis \_\_\_ varicose veins  
\_\_\_ vascular spiders