

North York Acupuncture Consultation

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Patient's Name _____ Date _____

REASON FOR VISIT _____

How long? _____ How often? _____

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

What type of treatment are you looking for? Symptom Relief or Permanent/Long Term Relief? _____

Since the time you first had any of these problems, what, if anything, have you tried? _____

How do your health problems effect your job performance? Explain: _____

What hobbies or interests do you have outside of work? _____

- | | | | |
|--------------|--|------------------------------|-----------------------------|
| Do you have: | 1. Trouble falling asleep? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 2. Not rested when waking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 3. Frequent waking during the night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 4. Waking and not being able to fall back asleep? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 5. A bowel movement at least once every day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 6. A good appetite and desire to eat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 7. Bloating or digestive problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 8. Physically active at least 3 times/week? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 9. Often catching cold or feeling under the weather? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | 10. Lack of motivation and/or depression? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other Comments or Concerns Regarding Your Health (medications, past injuries, concerns etc):