Pacific NW Herbs & Acupuncture

645 NE 3rd St. Suite 200- McMinnville OR 97128

(503)-860-5009- www.pnw-herbs.com

# Patient Health History

Name_____Date_____

Date of Birth_____ Age_____

How did you hear about Pacific NW Herbs & Acupuncture?_____

Is it ok to receive emails from Pacific NW Herbs & Acupuncture regarding upcoming appointments, or upcoming news and events? Y N

Is it ok to receive text messages for appointment reminders and other communication with Pacific NW Herbs & Acupuncture? Y N

**What are your primary health concerns, or chief complaints?**_____
_____
_____

**How do these conditions effect you**?_____
_____
_____

**Medications and supplements**_____
_____
_____

**Allergies**_____
_____
_____

**Do you have any reason to think you may be pregnant?**_____

**Height**_____**Weight**_____**Blood Pressure**_____

**Childhood Illness**(circle any that you have had)

Scarlet Fever Diptheria- Rheumatic Fever - Mumps- Measles - German Measles - Chicken Pox

Other_____

**Immunizations** (circle any that you have had)

Polio Tetanus Rubella/Mumps Pertussis Diptheria Hib Hep B

Other_____

**Do you have any infectious diseases?**_____

**Hospitalizations and Surgeries**_____

_____

_____

_____

**X-Rays/CAT scans/MRI/NMR/ Special Studies**_____

_____

_____

**Family Health History**- Please note any significant health history

Father_____

Mother_____

Grandparents_____

Siblings_____

Children_____

**Lifestyle-**What does your diet consist of?_____

_____

Do you typically eat at least three meals per day? Y N If no, how many?_____

Exercise Routine_____

Spiritual Practice_____

How many hours per night do you sleep?_____ Do you wake rested? Y N

Occupation_____Do you enjoy your work? Y N

Nicotine/ Alcohol/Caffeine Use_____

Have you experienced any major traumas? Y N
Explain_____
_____

How many glasses of water do you drink per day?_____

Do you have supportive relationships in your life?_____

Do you feel threatened physically, sexually, or verbally in your domestic situation? Y N

Do you have a medical power of attorney? Y N

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Please circle all that apply:

**Water Element/Kidney Bladder**

Low pitch ringing in ears___Low backache___NeckPain___Sinus congestion___Swelling___

Headache behind eyes___Dizziness___Headache in back of the head___Darkness under the eyes___Stress___Aversion to cold___Hair thinning or loss___Pre mature aging___Frequent urination___Kidney stones___Facial flushing___Perspire easily___Night or day sweats___Weakness /pain of legs or knees___Asthmatic cough___Rapid weight change___Loose teeth___Reduced sexual energy___Thyroid problems___Diabetes___Cold hands and feet___Fatigue___Fearfulness___

**Wood Element/Liver Gallbladder**

Headache on the side of the head___Migraines___High pitched ringing in ears___Poor eyesight

Blurred vision___Eye infections___Dryeyes___Itchyeyes___Eczema___Shingles___Oral/genital herpes___Warts___Nervousness___Convulsions/spasms___Irritability___Anger___Vomiting__

Constipation___Hepatitis/mono___At what age?___Ulcer___Gallstones___Wake early in the morning and unable to get back to sleep___Indecisiveness(GB)___Fullness below the ribs___

Shoulder and neck tension___

**Fire Element/Heart Small Intestine**

Dry scalp___Skin eruptions/rashes___Itching/burning skin___Facial redness___Hot hands and feet___Cysts/tumors___Lymph swelling___Sore throat/tonsillitis___Ear infections___

Aversion to heat___Bitter taste in mouth___Gum problems___Nosebleeds___Thirst___

Night sweats___Vivid dreams(ht yin xu)___Restlessness(ht yin xu)___Waking in the night(ht yin xu)___Difficulty getting to sleep(bld xu)___Nightmares(bld xu)___Anxiety___

**Earth Element/ Spleen Stomach**

Worry___Indigestion___Flatulence___Stomach ache/ulcer___Food allergy___Diarrhea___Hemorrhoids___Anemia___Prolapsed organs___Bad breath___Sores in mouth___Heartburn___Strong appetite___Weak appetite___Nausea___Abdominal bloating___Bruise easily___Low body weight___Fatigue___Headaches at the front of the head___

**Metal Element/Lung Large Intestine**

Grief___History of pneumonia___Bronchitis___Asthma___Prone to colds___Cough___Upper respiratory infections___Shallow breathing___Sinus congestion___Nasal infections___Dry or rough skin___Hair dry___Frequeint colds___

**Other**- Joint pain___Nerve pain___Tendoinitis___Bursitis___

**Female clients only**- Breast lumps___Genital burning___Yeast infections___Irregular periods___Urinary tract infections___Menstrual cramping___Ovarian cysts/fibroids___Anal fissures___PMS___PID___Infertility___Menopausal symptoms___Irregularities with menstrual cycle___

**Male clients only**- Prostatitis___Burning urination___Urinary incontinence___