A Return To Health Acupuncture
Angela K. Lee, L.Ac.
Acupuncture * Herbs * Qi Gong
870 Market Street #309 San Francisco, Ca 94102
(415) 981-9556 areturntohealth.com

MEDICAL INFORMATION:

Name:

Address:
City: State: Zip:

Date of Birth: Gender: M F Marital Status: S M O
Phone (home): Work:
Cell: Email:
Are you a referral? Who referred you?

Emergency Contact : Phone: Relation:

Health Insurance:
Insurance ID#:
Spouse Name if Primary Insurance Holder: DOB:
Employer:
Title:
Group#:

WORKERS COMP:
Social Security #:
Claim#:
Personal Injury#:
Company: Adjuster:
Phone: Address:
Date of Injury:
Referring Physician : Phone :

MEDICAL HISTORY:

Main health issue:

If it is pain related please answer the pain questions.
Pain Scale: 1=Light/10=Worst

Is it SORE THROBBING SHARP ACHY HEAVY Other (circle)

Is it CONSTANT FREQUENT OCCASSIONAL Other (circle)

Where does it radiate?

Is it worse in with movement or rest?

How many days a week/month does this effect you?

When did it begin?
Does this problem affect your daily life (work, sleep, etc.)

CURRENT MEDICAL CONDITIONS (circle all that apply)

Cancer	Diabetes	Hepatitis B	Hepatitis C
High Blood Pressure	Thyroid Disease	Seizures	Liver Disease
Herpes	HIV	High Cholesterol	Other:

Surgeries (dates):

Significant Trauma (auto accident, fall, injuries, scars, etc):

Allergies (drugs, chemicals, pets, foods, etc:)

FAMILY MEDICAL HISTORY:

Grandparents -

Parents –

Siblings-

LIFESTYLE:

What do you do to relax? (exercise, meditate, other)

Do you take any medication, supplements, or herbs?

Please describe your average daily eating habits:

Morning -

Afternoon –

Evening -

Do you smoke?

Do you drink caffeine?

Do you consume alcohol?

How many times a week?

Do you have any food cravings?

Please circle the issues you have below:

General:
- Poor Appetite
- Poor Sleep
- Fatigue
- Fevers
- Chills
- Night Sweats
- Sweat Easily
- Tremors
- Cravings
- Bleeding
- Bruise Easily
- Weight Gain
- Weight Loss
- Energy Drops
- Poor Balance

Muscle/Skeletal:
- Neck Pain
- Shoulder Pain
- Back Pain
- Knee Pain
- Ankle/Foot Pain
- Arm Pain
- Hip Pain
- Swollen Joints
- Stiffness
- Tendonitis
- Numbness
- Tingling
- Weakness

Gastro:
- Gas/Belching
- Stomach Pain
- Constipation
- Diarrhea
- Bad Breath
- Rectal Pain
- Hemorroids
- Vomiting
- Acid Reflux
- Ulcer
- Chron's Disease
- Irritable Bowel Syndrome

Cranial:
- Dizziness
- Glasses
- Ringing in Ears
- Grinding of Teeth
- TMJ
- Blurry Vision
- Poor Vision
- Headaches
- Ear Aches
- Poor Hearing
- Eye Pain
- Facial Pain/Stiffness
- Chronic Sore Throats

Respiratory:
- Sinus Issues
- ALLERGIES
- Asthma
- Cough
- Bronchitis
- Pain with Exhale
- Pain with Inhale
- Wheezing
- Pneumonia
- Mucous/Phelgm

Heart:
- High Look Pressure
- Low Blood Pressure
- Irregular Heartbeat
- Cold Hands & Feet
- Swelling of hands
- Swelling of feet/ankles
- Chest Pains
- Fainting

Neuro:
- Seizures
- Poor Memory
- Depression
- Bad Temper
- Anxiety
- Frequent Urination
- Bite Nails
- Easily Stressed
- In Therapy
- Attempted Suicide

Skin:
- Rash
- Dandruff
- Loss of Hair
- Hives
- Acne
- New Moles
- Itching

Women:
- Irregular Periods
- Cramps
- Vaginal Discharge
- Heavy Period
- Light Periods
- Vaginal Sores
- Breast Lumps
- Pregnancies
- PMS
- Menopause
- Frequent Vaginal Infections

Men:
- Prostate Issues

Updated: 9/20/08 AKL