



Patient Information

CONFIDENTIAL

Please take a moment to provide some information about yourself and your health conditions. Clearpoint Medicine considers this information privileged practitioner/patient communication and will hold it in confidence.

Date_____

Name_____ Referred by_____

Address_____ City_____ Zip_____

Phone (h)_____ (c)_____ Date of Birth_____

Occupation_____

Emergency Contact: _____ phone_____ relation_____

Primary Doctor_____ Other treating Dr.'s_____

Email_____

Consent to Treat

I understand that I should be evaluated by a physician for the condition for which I am requesting a consultation. The diagnosis and treatment given is based on Traditional Chinese medicine and natural medicine principles and does not constitute a western medical diagnosis. I understand that I am not to rely on Traditional Chinese Medicine diagnosis and treatment solely.

There are inherent risks involved in acupuncture and herbal therapy. Although both acupuncture and herbal medicine are acknowledged to be quite safe when administered by a trained profession, certain complications though rare can occur. Local hematoma, bruising, neuropathy, fainting, broken needles, infection and pneumothorax are potential risks and the patient needs to be informed of these risks before agreeing to treatment. While herbs are generally safe when prescribed and dosed properly they are not approved by the F.D.A for use medicinally and an individual's reaction to any one substance may vary greatly. You must inform the treating practitioner if you are pregnant, may be pregnant and of any medications or herbs you are currently taking.

I have read and understand the above and consent to treatment.

Patient Signature_____ Date_____

Medical History

List 5 Major Health Concerns in order of importance:

For how long?

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Have you received diagnosis and treatment for the condition(s)? Treating Doctor Result?

List any surgeries/ medical procedures and or traumas

List any significant illnesses or chronic health conditions

List any Medications you are currently taking

Dosage

For how long?

List any nutritional supplements or herbal medicines you are currently taking and the dosage

List any significant family health history

Please mark any of the symptoms you have or have had in the past year:

General

- Chills
- Low energy
- Dizziness
- Allergies
- Fatigue
- Fevers
- Excess thirst
- Insomnia
- Nervousness
- Numbness
- Sweat-spontaneous
- Night sweating
- Lack of sweating
- Weight loss
- Weight gain
- Aversion to heat
- Aversion to cold
- Foggy headed

Head and Neck

- Blurred vision
- Headache
- Phlegm in the throat
- Blurred vision
- Earache
- Ear discharge
- Eye pain/strain
- Corrected vision
- Nasal obstruction
- Nasal discharge
- Loss of smell
- Hearing loss
- Hoarseness
- Nosebleeds
- Chronic sore throat
- Red/inflamed eyes
- Ringing in the ears
- Sinus problems
- Sores on lips
- Sores on tongue
- Taste change
- Dental problems

Respiratory

- Asthma
- Hay fever
- Persistent cough
- Coughing blood
- Shortness of breath
- Bronchitis
- Phlegm
- Difficulty inhaling
- Difficulty exhaling
- Chest pain/tight

Cardiovascular

- Chest pain
- High blood pressure
- Low blood pressure
- Irregular heart beat
- Poor circulation
- Swelling ankles
- Varicose veins
- Hypochondriac pain
- Distention in chest

Gastrointestinal

- Abdominal pain
- Bloating
- Belching
- Gas
- Constipation
- Diarrhea/loose stool
- Bloody stools
- Black stools
- Difficulty swallowing
- Poor appetite
- Heartburn/reflux
- Hemorrhoids
- Indigestion
- Stomachache
- Nausea
- Vomiting
- Vomiting blood

Diet Lifestyle

- Vegetarian
- Healthy diet
- Eat a lot of fried food
- Eat a lot of meat
- Eat a lot of sugar
- Drink alcohol # ___
- Drink coffee # ___
- Drugs
- Smoking
- Exercise regularly
- Exercise excessively

Exercise type: _____

Weight

- ___ lbs ___ ht
- Underweight
- Normal for height
- Overweight

Genitourinary

- Dilute urine
- Dark urine
- Blood in urine
- Cloudy urine
- Burning urination
- Scanty urine
- Profuse urine
- Frequent urination
- Poor bladder control
- Urgency to urinate

Musculoskeletal

- Pain/numb/weak in:
- Arms
- Feet
- Hands
- Joints
- Legs
- Hips
- Neck
- Shoulders
- Cold limbs
- Knees
- Low back
- All over body
- Lack of strength
- Broken bones

Dermatologic

- Thin skin
- Broken vessels
- Bruise easily
- Discoloration
- Dark circles under eyes
- Bags under eyes
- Dry skin
- Oily skin
- Acne
- Brittle nails
- Premature gray hair
- Hair falling out
- Rashes
- Itching
- Dermatitis
- Eczema

Neurologic

- Fainting
- Convulsions
- Paralysis
- Stroke
- Seizure

- Tremor
- Vertigo

Emotional

- Insomnia
- Irritability
- Easily angered
- Nightmares
- Crying frequently
- Feeling sad often
- Forgetful
- Mind not clear
- Anxiety
- Fearful
- Frustration
- Depression
- Difficulty expressing emotions
- Panic

Men only

- Genital pain
- Impotence
- Genital sores
- Lump in testicles
- Penile Discharge
- Nocturnal emission
- Low sexual energy

Women only

- Abnormal pap
- Bleeding between periods
- Irregular periods
- Heavy periods
- <25 day cycle
- >35 day cycle
- Endometriosis
- Painful periods
- PMS describe:

- Breast lumps
- Birth control pill
- Sores on genitalia
- Low sexual energy
- Vaginal discharge
- Menopausal

- Uterine prolapse
- Facial hair
- Loss of head hair
- May be pregnant