CONFIDENTIAL

Patient Information

Print Form

Beijing Modern Acupuncture
8066 Walnut Run, Suite 102 | Ph: 901.463.0566
Cordova, TN 38018 | Fax: 901.751.1353
www.BMAcup.com

Please take a moment to provide us with some information about yourself and the condition of your health so that we may do our *best* to treat you. **Beijing Modern Acupuncture** considers this information ***privileged*** acupuncturist-patient communication and will hold it in complete ***confidence***.

Please complete, print and bring form to appointment

Patient Name: (Last) (First)

○ Male ○ Female ○ Single ○ Married

Home Address:

City, State: **Zip Code:**

Home Phone:

Cell Phone:

Current Date

Age **SSN**

Occupation

Employment:

Work Phone:

E-Mail Address:

Person to Notify in Case of Emergency

Name: (Last) (First)

Home Address:

City, State: **Zip Code:**

Occupation:

Relationship:

Home Phone:

Cell Phone:

Work Phone:

Medical History

Major Complaint(s):

How did it develop?

How long has it persisted?

Is there anything that makes it better?

Is there anything that makes it worse?

○ **YES, I have received treatment for this condition.** ○ **NO, I have NOT received treatment for this condition.**

If YES, what was the diagnosis?

Any treatment(s) you received?

Results of the treatment(s)?

Significant illnesses you have:

☐ AIDS	☐ Connective tissue dis.	☐ Hypertension	☐ Seizures
☐ Arthritis	☐ Diabetes	☐ Kidney stones	☐ Thyroid disease
☐ Asthma	☐ Gallstones	☐ Leukimia	☐ Venereal disease
☐ Autoimmune disease	☐ Heart disease	☐ Rheumatic fever	☐ Tuberculosis
☐ Cancer	☐ Hepatitis B	☐ Ruptured appendix	☐ IBS

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Patient Name: _____ (Last) _____ (First) **Current Date** _____

General

☐ Chills	☐ Chest pain	☐ Dizziness
☐ Fevers	☐ Stomachache	☐ Fatigue
☐ Coughing	☐ Hiccup	☐ Allergies
☐ Sore throat	☐ Acid reflux	☐ Insomnia
☐ Running nose	☐ Nausea	☐ Many dreams
☐ Hoarseness	☐ Vomiting	☐ Facial Paralysis
☐ Teeth problem	☐ Abdominal pain	☐ Stroke
☐ Gum problem	☐ Abdominal distention	☐ Numbness
☐ Eye problem	☐ Hypochondriac pain	☐ Night sweating
☐ Sinusitis	☐ Diarrhea/loose stools	☐ Eczema
☐ Earache	☐ Constipation	☐ Shingles
☐ Headache	☐ Hemorrhoids	☐ Dry skin
☐ Vertigo	☐ Urination problem	☐ Acne

Pain Location

☐ Neck
☐ Shoulder
☐ Arm
☐ Hand
☐ Joint
☐ Hip
☐ Knee
☐ Leg
☐ Ankle
☐ Foot
☐ Back/Lower back
☐ Cold limb
☐ Broken bone

Diet / Lifestyle

☐ Vegetarian	☐ Drink coffee	☐ Eat lots of fried food
☐ Smoke cigarettes	☐ Use drugs	☐ Take melatonin
☐ Drink alcohol	☐ Eat lots of sweets	☐ Take steroids
☐ Eat lots of meat	☐ Exercise regularly	☐ Exercise excessively

Weight

☐ Weight gain
☐ Weight loss
☐ Underweight
☐ Overweight

Women Only

☐ Unclear mind/thought	☐ Loss of hair	☐ Breast lumps
☐ Breast distending	☐ Contraceptives	☐ Low sexual energy
☐ Possible pregnancy	☐ Menopausal	☐ Uterine prolapsed
☐ Abnormal pap smear	☐ Endometriosis	☐ Sores on genitalia

Menstruation

☐ Bleed btween periods	☐ Heavy periods	☐ Scanty periods
☐ Irregular periods	☐ Thin	☐ Thick
☐ <25 day cycle	☐ Clots	☐ Dark color
☐ > 35 day cycle	☐ Purplish dark	☐ Light color
☐ Precede (8-9 days)	☐ Strong odor	☐ Abdominal pain
☐ Delay (8-9 days)	☐ Painful connect back	☐ Premenstrual tension

Vaginal Discharge

☐ White color	☐ Thin	☐ Strong odor
☐ Yellow color	☐ Thick	☐ Profuse

Men Only

☐ Genital pain
☐ Penis discharge
☐ Nocturnal emission
☐ Spermatorrhea
☐ Impotence
☐ Low sexual energy
☐ Lump(s) in testicles
☐ Unclear mind
☐ Hair loss
☐ Balanitis
☐ Prostate enlargement
☐ Prostatorrhea
☐ Testitis
☐ Lumps in testicles
☐ Epididymitis
☐ Priapism