

HEALTH HISTORY QUESTIONNAIRE

Last Name: _____ First Name: _____ Today's Date: ___/___/___

Date of Birth: ___/___/___ Gender: _____ Height: _____ Weight: _____

Have you been treated by Acupuncture or Oriental Medicine before? Yes _____ No _____

Main problem(s) you would like us to help you with: _____

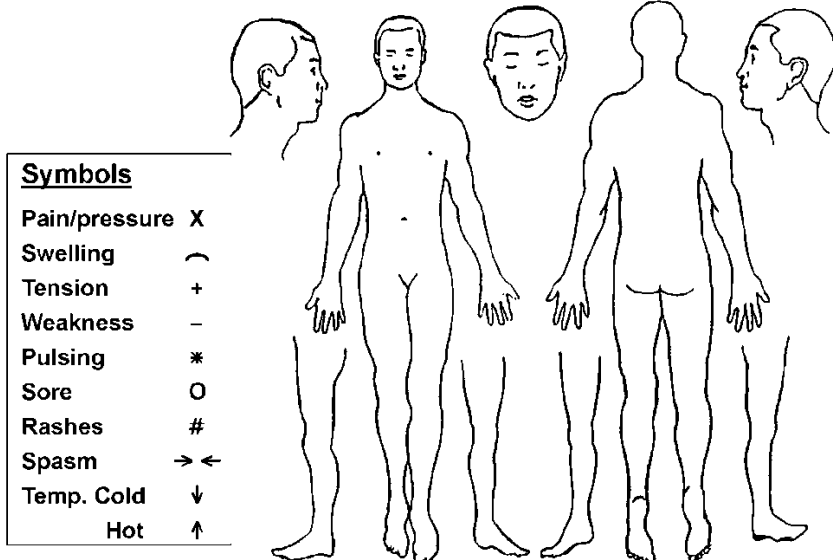
How long ago did this problem begin (be specific)? _____

To what extent does this problem interfere with your daily activities (work, sleep, sex)? _____

Have you been given a diagnosis for this problem? _____

What kinds of treatment have you tried? _____

Indicate painful or distressed areas:



Past Medical History (Please include date):

Significant Illnesses: Cancer _____ Diabetes _____ High Blood Pressure _____

Hepatitis _____ Heart Disease _____ Strokes _____ Seizures _____

Thyroid Disease _____ Rheumatic Fever _____ AIDS _____ STDs _____ Other _____

Surgeries (type of and date): _____

Significant Trauma (auto accidents, falls etc.): _____

Allergies (medications, chemicals, foods): _____

Family History: Diabetes _____ Cancer _____ High Blood Pressure _____ Heart Disease _____

Strokes _____ Seizures _____ Asthma _____ Allergies _____ Other _____

Medications/Supplements: _____

請檢查一下在過去的三個月中有無下列症狀:
Please check any you have had in the last three months:

GENERAL:

一般症狀

- Fevers 發燒
- Chills 惡寒
- Fatigue 疲倦
- Localized Weakness 局部虛弱
- Poor Balance 不平衡
- Sweat Easily 易汗
- Night Sweats 盜汗
- Bleed or Bruise Easily 易出血/易瘀
- Peculiar Tastes or Smells 特殊、嗅
- Strong Thirst (Cold or Hot) 大渴
- Thirst w/ no Desire to Drink 渴不欲飲
- Poor Appetite 食欲不好
- Cravings 嗜食癖
- Weight Gain 體重增加
- Weight Loss 體重減少
- Sudden Energy Drop 一天何時體力下降?
What Time of Day? _____
- Poor Sleeping 失眠

SKIN AND HAIR:

皮膚與毛髮

- Rashes 風疹
- Itching 搔癢
- Change in Hair or Skin 皮膚/毛髮改變
- Ulcerations 潰瘍
- Eczema 濕疹
- Hives 蕁麻疹
- Pimples 暗瘡
- Other Hair or Skin Problem: _____
其他皮膚毛髮問題

HEAD, EYES, EARS, NOSE AND

THROAT: 頭、眼、耳、鼻和咽喉

- Dizziness 眩暈
- Migraines 偏頭痛
- Facial Pain 面痛
- Concussions 腦震盪
- Poor Vision 視物不清
- Eye Strain 眼睛疲勞
- Eye Pain 眼痛
- Sinus Problems 鼻竇問題
- Nose Bleeds 鼻出血
- Ringing in Ears 耳鳴
- Earaches 耳痛
- Poor Hearing 聽力不好
- Teeth Problems 牙齒問題
- Recurrent Sore Throats 慢性咽喉炎
- Sores on Lips or Tongue 唇舌生瘡
- Headaches 頭痛
- Where and When: _____
部位及時間: _____
- Other Head/Neck Problems: _____
其他頭頸問題: _____

CARDIOVASCULAR:

心血管

- Pacemaker 心臟起搏器
- Severe Bleeding Disorder 嚴重出血性疾病
- High Blood Pressure 高血壓
- Irregular Heartbeat 心率不齊
- Cold Hands or Feet 手腳發冷
- Low Blood Pressure 低血壓
- Dizziness 頭暈
- Swelling of Hands 手腫
- Phlebitis 靜脈炎
- Chest Pain 胸痛
- Fainting 暈厥
- Swelling of Feet 腳腫
- Difficulty in Breathing 呼吸困難
- Other Heart or Blood Vessel Problems: _____
其他心臟/血管的問題: _____

RESPIRATORY:

呼吸系統

- Cough 咳嗽
- Bronchitis 氣管炎
- Production of Phlegm 痰色
What Color _____
- Coughing Blood 咳血
- Pneumonia 肺炎
- Asthma 哮喘
- Pain with Deep Breath 深呼吸痛
- Other Lung Problems: _____
其他肺部問題

GASTROINTESTINAL:

腸胃系統

- Nausea 噁心
- Constipation 便秘
- Black Stools 大便發黑
- Bad Breath 口臭
- Abdominal Pain/Cramps 腹痛
- Vomiting 嘔吐
- Gas 胃腸脹氣
- Blood in Stools 便血
- Rectal Pain 直腸痛
- Diarrhea 腹瀉
- Belching 呃逆
- Indigestion 消化不良
- Hemorrhoids 痔瘡
- Other Stomach or Intestinal Problems: _____
其他腸胃系統毛病: _____

GENITO-URINARY:

泌尿生殖系統

- Pain in Urination 小便痛
- Urgency to Urinate 尿急
- Decrease in Flow 小便量少
- Frequent Urination 尿頻
- Unable to Hold Urine 小便不禁
- Impotency 陽萎
- Blood in Urine 尿血
- Kidney Stones 腎結石
- Sores on Genitals 生殖器痛癢
- Other Genital/Urinary System Problem: _____
其他泌尿生殖系統病: _____

Do you wake up to urinate?

- Yes No How often? _____
有否晚上起床去小便?
 有 否 多少次? _____

Any particular color to your urine: _____
小便有何特殊顏色: _____

PREGNANCY & GYNECOLOGY: 婦產科

- Pregnancy 懷孕
- Period between Menses _____
月經週期 _____日
- Duration of Menses _____ 月經日數 _____
- First Date of Last Menses 上次月經首日
- Painful Periods 痛經
- Vaginal Discharge 陰道排泄物
- Changes in Body/Psyche Prior to Menstruation (PMS) 經前生理變化
- Clots 血塊
- Vaginal Sores 陰道潰瘍
- Irregular Periods 經期不規則
- Last Pap Test _____
上次子宮癌檢查 _____
- Breast Lumps 乳房腫塊

MUSCULOSKELETAL: 肌肉骨骼系統

- Neck Pain 頸項痛
- Upper Back Pain 背痛
- Low Back Pain 腰痛
- Shoulder Pain 肩痛
- Arm/Elbow Pain 肘痛
- Hand/Wrist Pain 手/腕痛
- Hip Pain 臀部痛
- Knee Pain 膝痛
- Foot/Ankle Pain 腳踝痛
- Muscle Pain 肌肉痛
- Muscle Weakness 肌肉無力

NEUROPSYCHOLOGICAL: 神經心理

- Seizures 癲癇
- Areas of Numbness 麻木部位
- Concussion 腦震盪
- Bad Temper 脾氣不好
- Dizziness 眩暈
- Lack of Coordination 缺乏協調
- Depression 情緒低落
- Easily Susceptible to Stress 容易受壓力影響
- Loss of Balance 失平衡
- Poor Memory 記憶低下
- Anxiety 焦燥
- Other Neurological Problems 其他神經問題? _____
- Have you ever been treated for emotional problems? Yes No
有否接受過情緒問題的治療?
 有 否