

For each symptom that you currently have, place a ✓ next to it. Circle where necessary. Blank if N/A

<p>Kidney Yin Xu</p> <p><input type="checkbox"/> Lower back weakness or pain</p> <p><input type="checkbox"/> Knee problems</p> <p><input type="checkbox"/> Premature grey hair</p> <p><input type="checkbox"/> Dark circles around/under eyes</p> <p><input type="checkbox"/> Night sweats</p> <p><input type="checkbox"/> Hot palms/soles or aversion to heat</p> <p><input type="checkbox"/> Prone to hot flashes</p> <p><input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> Dark urine or thirst</p> <p><input type="checkbox"/> Hearing issues/tinnitus</p> <p><input type="checkbox"/> Poor long-term memory</p> <p><input type="checkbox"/> Vaginal dryness</p> <p>Kidney Yang Xu</p> <p><input type="checkbox"/> Often fearful</p> <p><input type="checkbox"/> Sore or weak lower back/knees</p> <p><input type="checkbox"/> Cold feet, especially at night</p> <p><input type="checkbox"/> Feels cold easily</p> <p><input type="checkbox"/> Low libido</p> <p><input type="checkbox"/> Ankle swelling</p> <p><input type="checkbox"/> Loose, urgent stools in morning</p> <p><input type="checkbox"/> Urinate frequently, wake to pee</p> <p><input type="checkbox"/> Urine is diluted and/or diffuse</p> <p><input type="checkbox"/> Asthma or shortness of breath</p> <p>Heart Deficiency</p> <p><input type="checkbox"/> Prone to agitation/restlessness</p> <p><input type="checkbox"/> Low in spirit, lacking vitality</p> <p><input type="checkbox"/> Insomnia/ sleep issues</p> <p><input type="checkbox"/> Heart palpitations</p> <p><input type="checkbox"/> Nightmares or vivid dreams</p> <p><input type="checkbox"/> Forgetfulness</p> <p><input type="checkbox"/> Tend to fidget</p> <p><input type="checkbox"/> Sweat excessively, worse chest</p> <p><input type="checkbox"/> Tongue/mouth ulcers, cankers</p> <p>Lung</p> <p><input type="checkbox"/> Grief / sadness</p> <p><input type="checkbox"/> Dry cough or cough with phlegm</p> <p><input type="checkbox"/> Nasal discharge/drip</p> <p><input type="checkbox"/> Sinus infection/ congestion</p> <p><input type="checkbox"/> Itchy/painful throat</p> <p><input type="checkbox"/> Dry mouth/throat/nose</p> <p><input type="checkbox"/> Skin rashes/ hives</p> <p><input type="checkbox"/> Weak immune system / allergies</p>	<p>Liver Qi Stagnation</p> <p><input type="checkbox"/> Prone to anger/rage</p> <p><input type="checkbox"/> Depression</p> <p><input type="checkbox"/> High stress</p> <p><input type="checkbox"/> Feeling of lump in throat</p> <p><input type="checkbox"/> Red /dry/ itchy eyes</p> <p><input type="checkbox"/> Visual problems/ floaters</p> <p><input type="checkbox"/> Difficulty falling asleep</p> <p><input type="checkbox"/> Headaches/ migraines</p> <p><input type="checkbox"/> Heartburn</p> <p><input type="checkbox"/> Wake up with bitter taste</p> <p><input type="checkbox"/> Neck/shoulder tension</p> <p><input type="checkbox"/> Genital itching / pain / rashes</p> <p>Spleen Qi Xu</p> <p><input type="checkbox"/> Prone to worry/ overthinking</p> <p><input type="checkbox"/> Often fatigued-esp. post meals</p> <p><input type="checkbox"/> Poor appetite or increased</p> <p><input type="checkbox"/> Difficult getting up in morning</p> <p><input type="checkbox"/> Bloating after eating</p> <p><input type="checkbox"/> Crave sweets</p> <p><input type="checkbox"/> Loose stools</p> <p><input type="checkbox"/> Bad breath</p> <p><input type="checkbox"/> Alternate constipation/loose stool</p> <p><input type="checkbox"/> Digestive problems</p> <p><input type="checkbox"/> Hands, feet or nose cold</p> <p><input type="checkbox"/> Heaviness in head or body</p> <p><input type="checkbox"/> Bruise easily, unusual bleeding</p> <p><input type="checkbox"/> Poor circulation / varicose veins</p> <p><input type="checkbox"/> Muscles tired / weak</p> <p><input type="checkbox"/> Sweat easily without exertion</p> <p><input type="checkbox"/> Dizzy/lightheaded with standing</p> <p><input type="checkbox"/> Often sick, or have allergies</p> <p><input type="checkbox"/> Hemorrhoids or polyps</p> <p>General</p> <p><input type="checkbox"/> Sweating, time of day: _____</p> <p><input type="checkbox"/> Better/Worse/No change with HEAT</p> <p><input type="checkbox"/> Better/Worse/No change with COLD</p> <p><input type="checkbox"/> Better/Worse/No change with DAMP</p> <p><input type="checkbox"/> Better/Worse/No change PRESSURE</p> <p><input type="checkbox"/> Better or Worse after bowel movement</p> <p><input type="checkbox"/> Feel cold most of the time</p> <p><input type="checkbox"/> Feel warmer than those around you</p> <p><input type="checkbox"/> Often thirsty for cold drinks</p> <p><input type="checkbox"/> Often thirsty for warm/hot drinks</p>	<p>Blood Deficiency or Stasis</p> <p><input type="checkbox"/> Dry, flaky skin / pale skin</p> <p><input type="checkbox"/> Numbness</p> <p><input type="checkbox"/> Prone to chapped lips</p> <p><input type="checkbox"/> Fingernails/toenails brittle</p> <p><input type="checkbox"/> Losing hair on head (all over)</p> <p><input type="checkbox"/> Brittle and/or dry hair</p> <p><input type="checkbox"/> Diminished nighttime vision</p> <p><input type="checkbox"/> Periodic numbness hands/ feet</p> <p><input type="checkbox"/> Cherry red spots on skin</p> <p><input type="checkbox"/> Diagnosed with blood clotting issue</p> <p>Dampness</p> <p><input type="checkbox"/> Joints ache, worse movement</p> <p><input type="checkbox"/> Urgent, foul smelling stools</p> <p>Excess Heat or Cold</p> <p><input type="checkbox"/> Mouth/throat usually dry</p> <p><input type="checkbox"/> Wake sweating or hot flashes</p> <p><input type="checkbox"/> Break out with red acne</p> <p><input type="checkbox"/> Pain, often relieved by heat</p> <p><input type="checkbox"/> Pain worse with pressure</p> <p>Female Reproduction</p> <p><input type="checkbox"/> Premenstrual lower back pain</p> <p><input type="checkbox"/> Profuse vaginal discharge</p> <p><input type="checkbox"/> Menstrual blood dull in colour</p> <p><input type="checkbox"/> Menstrual cramps better heat</p> <p><input type="checkbox"/> Typical PMS symptoms</p> <p><input type="checkbox"/> Nipple pain or discharge</p> <p><input type="checkbox"/> Blood thick/dark or purplish</p> <p><input type="checkbox"/> Uterine prolapse</p> <p><input type="checkbox"/> Menstrual blood thin, watery, profuse</p> <p><input type="checkbox"/> More tired around ovulation/ menses</p> <p><input type="checkbox"/> Cramps with bearing down sensation</p> <p><input type="checkbox"/> Menses scanty and/or late</p> <p><input type="checkbox"/> Dizzy/lightheaded around menses</p> <p><input type="checkbox"/> Mid-cycle pain around ovaries</p> <p><input type="checkbox"/> Painful unmovable breast lumps</p> <p><input type="checkbox"/> Menstrual blood with clots</p> <p><input type="checkbox"/> Stabbing menstrual cramps</p> <p><input type="checkbox"/> Blood is stringy, or has mucus</p> <p><input type="checkbox"/> Yeast infections or vaginal itching</p> <p><input type="checkbox"/> Fibrocystic breasts</p> <p><input type="checkbox"/> Short menstrual cycle</p> <p><input type="checkbox"/> Vaginal irritation or rashes</p>
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SLEEP: Difficulty falling asleep / staying asleep? (circle); ____ hrs/night; wake refreshed? (circle) Y / N

ENERGY: Rate on scale 0-10 (10 highest): ____ ; energy lowest in: AM / AFTERNOON / PM / POST MEALS

NUTRITION: Cravings: _____

BOWELS: Bowel movements ____ /day or ____ /week;

Consistency? FORMED / LOOSE / CONSTIPATED/ PELLETS / THIN / ALTERNATING

Any mucus? Blood? Undigested food? Straining? _____

List your main health concerns in order of importance to you:	1.	2.
	3.	4.

Acupuncture Declaration and Consent to Treatment

Please read the following carefully and enquire if you have any questions or concerns.

Traditional Chinese medicine, acupuncture, cupping and other treatments provided by this clinic have been proven to be highly effective and very safe. However, we are required to inform patients that there may be some risks involved and that practitioners cannot anticipate all possible complications.

The following are some of the side effects that can occur:

- Drowsiness following treatment.
- Fainting if extremely fearful of needles: please inform us if you are nervous of needles or have a history of fainting for any reason
- Minor bleeding or bruising can be caused by acupuncture
- Irritation of the skin due to allergies if a topical lotion or oil is used
- Worsening of symptoms. In a small percentage of patients, symptoms can become worse before improving. This is generally a sign that healing has begun. If the worsening of symptoms is severe or lasts more than 2 days, we urge you to contact us

The following rare but serious problems have been reported in the literature. Precautions are always observed to avoid such complications. All are very rare.

- **Joint infection.** This can occur if bacteria on the skin are introduced to a joint by the needle. Some acupuncture points go into the joint and can therefore introduce infection.
- **Nerve damage.** Some acupuncture points are over nerves, and there is therefore the theoretical possibility of nerve damage.
- **Pneumothorax (collapsed lung).** If the needle is inserted too deeply between the ribs or above the lungs, it may pierce a lung and cause a Pneumothorax.
- **Needle breakage.** If a needle were to break during insertion, it may require surgical removal.
- **Infections.** The use of sterilized, disposable needles at this clinic eliminates the risk of hepatitis B, hepatitis C, and AIDS/HIV transmission. Our needles are used once and safely disposed of.

It is important that you inform us if any of the following apply to you

- If you are pregnant;
- If you have a pacemaker or other electrical implant;
- If you have a bleeding disorder;
- If you are taking anti-coagulants (blood thinners) or any other medication;
- If you have any allergies;
- If you have ever felt faint or had any unusual or negative sensation from acupuncture or medical treatments;
- If you are at higher risk of infection.
- If you have high or low blood pressure

Patient signature: _____ Date: _____

Full Name: _____

Practitioner Signature: _____