

**Australia’s Professional Acupuncturist**

**84 Endeavour St, Seven Hills, NSW 2147** **TEL: 02 88093402**

**Information Confidential: PLEASE PRINT CLEARY Date (日期):\_\_\_\_\_\_\_\_**

**Surname(姓)­­­­­­­­­­­­­­­­：­­­­­­­­\_\_\_\_\_\_\_First Name:（名）\_\_\_\_\_\_Sex:（性别）M/F Marital Status:(婚否)\_\_\_\_\_\_**

**Address:(地址)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:（城市）\_\_\_\_\_\_\_\_\_\_\_ State:(州)\_\_\_\_\_\_\_\_\_**

**Postcode:(邮编)\_\_\_\_\_\_\_ DOB:(出生年月)\_\_\_\_\_\_\_\_TEL:(电话)\_\_\_\_\_\_\_\_Mobile:(手机)\_\_\_\_\_\_\_\_\_\_\_**

**Email:（邮箱）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:(职业)\_\_\_\_\_ Referred by:(介绍人姓名)\_\_\_\_\_\_\_\_**

**Have you ever had acupuncture before?(你之前做过针灸吗？)\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you bruise easily?(你很容易受挫伤吗？)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What medications are you currently taking?(你正在服用什么药物吗?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Blood Type:(血型)\_\_\_Private Health Fund:(私人保险)\_ \_\_\_\_\_Reason for visit:(询诊原因)\_\_\_\_\_\_\_\_**

**Medical History:(tick all that apply)[病史：（请在框里打“√”）]**

**口AIDS/HIV（艾滋病/艾滋病毒）口Alcoholism(酗酒) 口Cancer(癌症) 口Seizures(癫痫)**

**口Allergies(detail): [过敏(细节)]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**口Asthma:( 哮喘) 口Birth trauma(出生创伤) 口Diabetes(糖尿病) 口High blood pressure（高血压）**

**口Emphysema:(肺气肿) 口Heart disease:( 心脏病) 口Hepatitis A/B/C:(肝炎) 口Herpes:( 疱疹)**

**口Lyme disease:( 莱姆病) 口Mitral Valve:( 二尖瓣) 口Multiple sclerosis:( 多发性硬化症)**

**口Pacemaker:( 起搏器) 口Polio:( 脊髓灰质炎) 口Rheumatic fever:( 风湿热)**

**口Scarlet fever:( 猩红热) 口Tuberculosis:( 肺结核\结核病) 口Latex allergy:( 乳胶过敏)**

**口Lymph nodes removed:( 淋巴结切除) 口Varicose Veins:( 静脉曲张)**

**Injuries, Surgeries and Major Illnesses: ( 损伤、手术和重大疾病)**

**Please provide details:( 请提供细节)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Diet: ( 饮食)**

**Breakfast:(早餐)\_\_\_\_\_\_\_Lunch:(午餐)\_\_\_\_\_\_\_\_Dinner:(晚餐)\_\_\_\_\_\_\_\_Snacks:(零食)\_\_\_\_\_\_\_\_**

**Food Cravings?( 对食物有渴望吗?)\_\_\_\_\_\_\_\_\_\_Food Intolerances?( 有食物不耐症吗?)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many glasses do you drink each day of the following?（以下的饮料你每天喝多少杯？）**

**Water:(水)\_\_\_\_ \_\_Soft drinks:(软饮料)\_\_\_\_ \_Coffee:(咖啡)\_\_\_\_Tea:(茶)\_\_\_\_\_ Alcohol:( 酒)\_\_\_\_\_\_**

**How much do you consume(servings per week)?[你有多消耗(次/周)?] Meat:(肉)\_\_\_\_ \_\_\_\_\_**

**Sugar/sweets:( 糖/糖果)\_ \_\_\_\_\_\_\_\_\_\_Are you always thirsty?（你总是口渴吗?） 口Yes 口No**

**Dairy(Milk/Cheese/Yogurt/Ice cream):[ 奶制品(牛奶或奶酪/酸奶/冰淇淋)]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you perspire during the day or night?(在白天和晚上期间你有出汗吗？)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you prefer口hot or 口cold drinks?( 你喜欢热或冷饮料吗?)**

**Taste Preferences(Indicate 1~5;1=Most liked;5=disliked)[ 口味偏好(显示1 ~ 5;1 =最喜欢;5 =不喜欢)]**

**Salty(咸)\_\_\_\_\_\_\_ Sour(酸)\_\_\_\_\_\_\_\_ Bitter(苦)\_\_\_\_\_\_\_\_ Sweet(甜)\_\_\_\_\_\_\_\_ Spicy(辣)\_\_\_\_\_\_\_**

**Gastrointestinal(胃肠) Do you have or have you had?( 你有或者你有吗?)**

**口Belching (**打嗝\嗳气**) 口Nausea (**恶心\晕船**) 口Vomiting (** 呕吐**) 口Ulcers (**溃疡**) 口Bloating （**腹胀**） 口Indigestion （**消化不良**） 口Hernias（**疝**） 口Haemorrhoids（**痔核**） 口 Acid reflux (**胃酸反流**) 口Burning sensations(烧灼感)**

**Bowel Movements (**排便**):How often (**多长时间一次)**? \_\_\_\_\_\_\_\_ per day or week(**每天或每周)**?**

**Irregularities(**不规则**): 口 Constipation(**便秘**)口 Diarrhoea(**腹泻**) 口Flatulence(胃肠胀气)**

**Urination(**排尿**):How often? \_\_\_\_\_\_\_ times per day Colour: \_\_\_\_\_\_\_**

**Do you have or have you had?(** 你有或者你有吗?) **口 Incontinence(**尿失禁**) 口Burning(**燃烧**)**

**口Bladder Infections(**膀胱感染**)**

**Exercise and Energy(运动和能量)**

**What kind of exercise do you engage in?(**你参与什么运动?**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How often(**多长时间)**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How are your general energy levels(**你的总能量水平如何)**? 口Low (低) 口Moderate(**中等的**)**

**口Good(好) 口High(**高**)**

**Emotions and sleep (情绪和睡眠) Do you have or have you had?(** 你有或者你有吗?)

**口Anxiety(焦虑) 口Fear(**恐惧**) 口Panic attacks(**恐慌症**) 口Depression(**抑郁**)**

**Poor memory? (记忆力减退吗)？\_\_\_\_\_\_ Difficulty concentrating(难以集中精神吗)? \_\_\_\_\_\_\_**

**Do you take antidepressants(specify)?{**你服用抗抑郁药物吗? (指定) }**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have(**你有吗)**？口Difficulty falling asleep (**入睡困难**) 口Restlessness(**坐立不安**)**

**口Disturbed sleep(waking up at\_\_\_\_\_\_am/pm)** {睡不好（几点钟醒来）}

**Menstrual Cycle(月经周期)**

**Are you still menstruating?** (你仍有月经来潮吗?) **\_\_\_\_**

**Irregularities(**不规则**): 口Heavy flow(量多) 口Light flow(量少) 口No flow(**无流量**)**

**口Blood clots(有血块) 口painful(痛经)**

**Do you suffer from PMS/PMT symptoms?(** 你患有经前综合征症状吗?) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you premenopausal? (**你是绝经前吗?)**\_\_\_\_\_\_Symptoms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you menopausal?(** 你是更年期吗?) **\_\_\_\_\_\_ Symptoms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Respiratory,ENT and Head(呼吸，耳鼻喉和头部)**

**Do you smoke?(** 你抽烟吗?) **口NO(没有) 口Yes（有）\_\_\_times/day（次/天） for\_\_\_ years（年）**

**Do you have or have you had?(** 你有或者你有吗?)

**口Frequent Colds(**经常感冒) **口Asthma(**哮喘**) 口Dizziness(**头晕**) 口Cold sores(**唇疱疹**)**

**口Bleeding gums(**牙龈出血) **口Ringing/Clogged Ears(**响/堵塞的耳朵) **口Ear pain(耳痛)**

**口Ear popping(耳鸣) 口Dry mouth(**口干) **口Headaches(头痛) 口Migranes(偏头痛)**

**Cardiovascular(心血管)**

**Do you have or have you had?(** 你有或者你有吗?)

**口Palpitations(**心悸) **口Irregular heart beat(if yes,explain)** {不规则的心跳(如果是的,举例说明)} **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_口Poor Circulation(**血液循环不良) **口Cold hands(**冰冷的手)

**口Varicose veins(**静脉曲张) **口Spider veins(**蜘蛛状血管病)

**Skin and hair(皮肤和头发) Do you have or have you had?(** 你有或者你有吗?)

**口Dry skin (皮肤干燥) 口Skin rashes(皮疹) 口Itchiness(**发痒) **口Acne(**痤疮) **口Eczema(**湿疹)

**口Hives(**荨麻疹) **口Hairs loss(脱发)Are there and additional health conditions that I should be informed of?(** 有其他健康状况告知我吗?) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**