

**Patient Name:**

**Date of intake:**

**DOB**

**Main complaint:** \_\_\_\_\_ **Hx** \_\_\_\_\_

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**Main complaint:** \_\_\_\_\_ **Hx** \_\_\_\_\_

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**Main complaint:** \_\_\_\_\_ **Hx** \_\_\_\_\_

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**Medications:** \_\_\_\_\_

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## Visual Impressions

Shen/Affect:

Posture:

Gait:

Breathing/voice:

Emotions:

Skin/Hair/Nails :

Complexion host

Guest

Body type

Abdominal palpation findings:

Channel palpation findings:

Pulse:

Depth

strength

Character

Left

Right

Tongue:

Shape:

Color:

Moisture:

Movement:

Cracks:

Shape:

Coating color:

Coating coverage:

Coating density:

Other aspects:

Any factors that would change coating or color at time of interview?

**Hot/Cold/Sweating:**

Run warmer/cooler than average

## Feel chilled and can't warm up

Cold extremities

just hands and feet

Feel hot during some part of the day/night

Hot flashes

### Preference for cold/warm beverages and foods

Aversion to hot or cold food/bevs

Aversion to heat/cold

Sweats on flanks, chest, hands and feet, other

Sweats spontaneously

Little or no sweating

Sweat is rank

Night sweats

### Energy Level

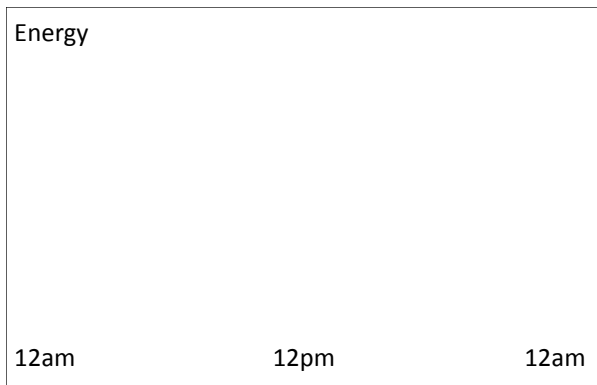
Better/worse with exercise

Tired after eating? Particular foods?

Strong emotional link to energy level?

Any other activities or events that affect energy?

Tired when you wake up?



## Sleep

Generally I sleep from \_\_\_\_\_ to \_\_\_\_\_ Not rested on waking \_\_\_\_\_ Naps in day for \_\_\_\_\_ (time)

Falls asleep easily \_\_\_\_\_ toss and turn/ can't stop thinking/feels hot and uncomfortable

Snore?                      wakes self?                      Has a diagnosis of: \_\_\_\_\_ sleep issue(s).

Uses sleep aids or medications: \_\_\_\_\_

Vivid dreams \_\_\_\_\_ that are frightening \_\_\_\_\_ that disturb sleep and wake px \_\_\_\_\_

Remembers dreams \_\_\_\_\_ Themes of dreams \_\_\_\_\_

Recurrent sexual dreams \_\_\_\_\_ w/ejaculation or sexual response \_\_\_\_\_

Wake to urinate \_\_\_\_\_ times

**Hunger/Thirst Digestion:**

How is the appetite \_\_\_\_\_ Volume of food consumed \_\_\_\_\_ Frequency \_\_\_\_\_

Doesn't eat or eats out of habit: \_\_\_\_\_ Percentage of meals eating out: \_\_\_\_\_

Sits down to eat: \_\_\_\_\_ Eats at regular times: \_\_\_\_\_

Frequent hunger \_\_\_\_\_ only eats small amounts \_\_\_\_\_ Feels overfull after little food \_\_\_\_\_

Hungers quickly after a meal \_\_\_\_\_

Tends to overeat \_\_\_\_\_ frequency \_\_\_\_\_ symptoms \_\_\_\_\_

Typical Daily Diet: \_\_\_\_\_

Nausea before/after eating, with hunger \_\_\_\_\_ Vomiting or history of vomiting/bulimia \_\_\_\_\_

Phlegm after eating: \_\_\_\_\_ Tired after eating: \_\_\_\_\_ Acid regurgitation \_\_\_\_\_

Bloating (freq onset dur trig): \_\_\_\_\_

Belching \_\_\_\_\_ Foul smelling \_\_\_\_\_

Consistent bland or sticky mouth \_\_\_\_\_ Acid or bitter/sour taste in mouth \_\_\_\_\_ Bad breath \_\_\_\_\_

Thirst: \_\_\_\_\_ Frequency: \_\_\_\_\_ Relieved by drinking: \_\_\_\_\_ Fluid intake volume: \_\_\_\_\_

Preference for Warm/Cold/Tepid: \_\_\_\_\_ Thirst w/o desire to drink: \_\_\_\_\_

Stomach pain (freq/onset) \_\_\_\_\_ Food Cravings: \_\_\_\_\_

Other: \_\_\_\_\_

**Skin Hair:**

Itching (location/trigger \_\_\_\_\_), hives (location/trigger \_\_\_\_\_), rashes \_\_\_\_\_

(location/trigger \_\_\_\_\_), acne (location \_\_\_\_\_), dry skin (location /triggers \_\_\_\_\_)

\_\_\_\_\_ moles (location \_\_\_\_\_) Athletes foot: \_\_\_\_\_

Warts: \_\_\_\_\_

Diagnosis of: \_\_\_\_\_

Acute hair loss: \_\_\_\_\_ Male pattern hair loss: \_\_\_\_\_ age first noticed \_\_\_\_\_ Dry hair: \_\_\_\_\_ Dander: \_\_\_\_\_

Poorly formed nails: \_\_\_\_\_ Thin or brittle nails: \_\_\_\_\_ Capillary fill compromised: \_\_\_\_\_

Other: \_\_\_\_\_

**Head/EENT:****Headaches** (location): \_\_\_\_\_ (quality) \_\_\_\_\_ Frequency \_\_\_\_\_

Duration: \_\_\_\_\_ Triggers: \_\_\_\_\_ w/Sx \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Helps/Hurts: \_\_\_\_\_

History of head injury \_\_\_\_\_

**Dizziness/Vertigo:**      Positional Changes trigger      Onset:      With loss of balance:

With fatigue:      Heavy head:      Nausea:      2ndary to Infection:

**Eyes:**

Vision problems:      Floaters:      Eye Pain:      Irritation:

Tearing/dryness:      Exudate:      Twitching:

**Nasal****Respiratory Allergies:** \_\_\_\_\_

Sinus Pain:      Chronic Sinus Infections:      Post nasal drip:      Dryness:

Nasal discharge:      Color and consistency:      Sense of smell:

\_\_\_\_\_

**Mouth:****Food/Medical Allergies:** \_\_\_\_\_

Mouth Sores:      Tongue Sores:      Tooth pain      Teeth loose:      Gums Bleeding:

Bad Breath:      Unpleasant/bitter taste in mouth:      describe      loss of taste:

Loose/lost teeth:      Sticky/Pasty mouth:      Dry mouth:      Tongue swollen:

\_\_\_\_\_

**Ears:**

Hearing loss:      Tinnitus:      Itching/Pain:      Discharge:      Irritation:

Foreign bodies in ear:      Ear infections:      Use ear candles:

Lobe shape/size/markers:      Excess wax:

\_\_\_\_\_

**Throat:**

Sore/scratchy throat:      Difficulty swallowing:      Feeling of foreign body:      Hoarse/vocal ap.

Post nasal drip:      Inflamed Tonsils/Hx Removed      Dry throat

\_\_\_\_\_

**Chest Heart and Lungs:**

Fullness in the chest:

Shallow Breathing:

Weak voice:

**Coughing:****Phlegm:**

Frequency:

History:

Palpitations:

Chest pain:

Wheezing:

SOB:

Feeling of heat in chest

Sighing/Yawning:

Sneezing:

**Bowels:**

BM freq \_\_\_\_/\_\_\_\_ Easy? \_\_\_\_ Consistency \_\_\_\_ Variable? \_\_\_\_ Anal Pain \_\_\_\_

Burning \_\_\_\_ Foul Smelling \_\_\_\_ Hemorrhoids \_\_\_\_

Urination freq: \_\_\_\_/\_\_\_\_ Night? \_\_\_\_ Volume \_\_\_\_ Color \_\_\_\_ Clarity \_\_\_\_

Flow \_\_\_\_ Pain (burning, cramping, piercing) \_\_\_\_ Urgency \_\_\_\_ Blood \_\_\_\_

Shy Bladder/Bowels \_\_\_\_ Other: \_\_\_\_

**Sexual Health**

Satisfying sexual life \_\_\_\_ Difficult arousal \_\_\_\_ Easily aroused \_\_\_\_ Constantly aroused \_\_\_\_

Libido is \_\_\_\_ Stress interferes with sexual function \_\_\_\_ Frequency \_\_\_\_

Premature Ejaculation \_\_\_\_ Difficult/weak ejaculation \_\_\_\_ Undescended testicle \_\_\_\_

Hernia \_\_\_\_ Low volume of sperm/vaginal dryness \_\_\_\_ Vaginal/penile pain during intercourse \_\_\_\_  
Clomid? inquire re medications is it position related

Use sex to maintain a healthy outlook \_\_\_\_ Difficulty having an orgasm \_\_\_\_ Varicocele \_\_\_\_

Not able to achieve orgasm with a partner/self \_\_\_\_ Tired or depressed or energized after sex \_\_\_\_

Other: \_\_\_\_

**Gynecological/Obstetric:**

Age at first menses: \_\_\_\_ Cycle length: \_\_\_\_ Flow Length: \_\_\_\_

Pre/Peri/Post menstrual

Sx: \_\_\_\_

Pre: Labile emo, Weepy, Depressed, Anxious, Angry, Breast swelling, breast pain, nipple sensitivity, breathing, abd. bloating, nausea, low appetite, increased appetite, diarrhea, back pain, cramping, headache, cravings, dizziness, drugged sleep, Changes in cervical mucus

Pallor. Fatigue, headache, low back pain, thirst, cold, clumsy, memory loss,

Blood color: \_\_\_\_ Volume/Consistency: \_\_\_\_ Clotting: \_\_\_\_ Pain: \_\_\_\_

Pain better w/discharge/heat/pressure/meds: \_\_\_\_

Number of pregnancies: \_\_\_\_ Live births (w/year): \_\_\_\_ Abortions: \_\_\_\_ SAs: \_\_\_\_

Tipped Uterus: \_\_\_\_

How are you now?

Other surgical: \_\_\_\_

Vaginal discharge: \_\_\_\_ Color \_\_\_\_ Smell \_\_\_\_ Discomfort: \_\_\_\_ Freq: \_\_\_\_

Itching: \_\_\_\_ Dryness: \_\_\_\_ Pain: \_\_\_\_ Bleeding: \_\_\_\_

**Assisted Reproduction:**

**Mental Emotional:**

Generally : \_\_\_\_\_ (mood)

Feels better with exercise:      Trouble focusing      Angers easily (simmer/pop)

Is easily startled      Feels sad or depressed      Feels overwhelmed

Is Shy      Often feels frustrated      Feels anxious

Has persistent unpleasant thoughts      I have experienced recent events that have affected my mood: \_\_\_\_\_

Other: \_\_\_\_\_

Diagnosis of: \_\_\_\_\_

Medications used and reactions to them: \_\_\_\_\_

\_\_\_\_\_

MISC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

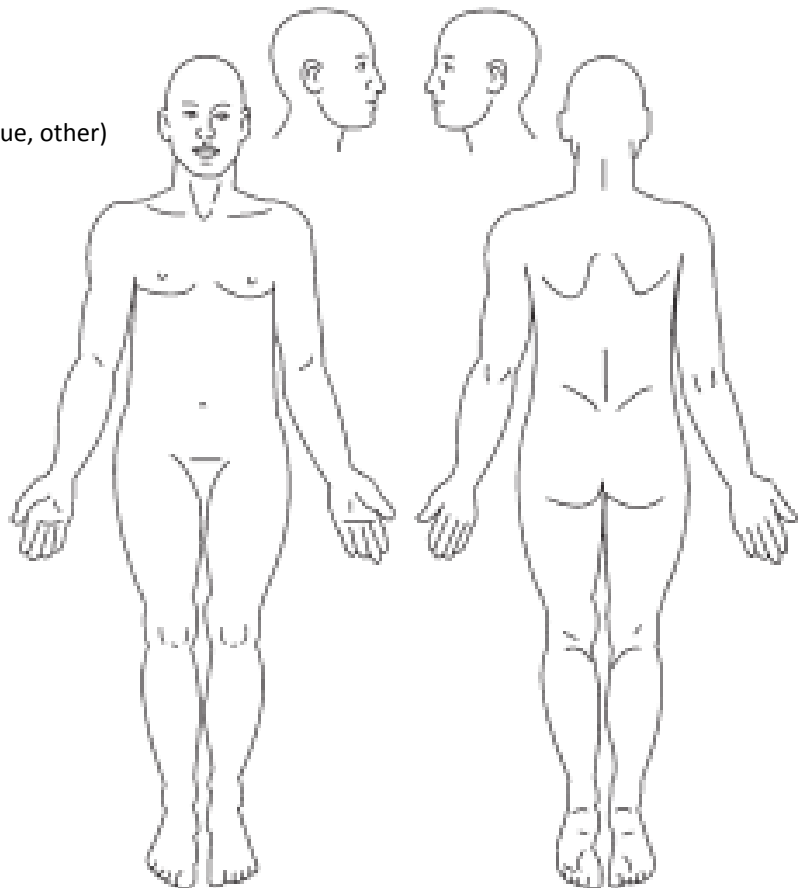
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**Muscular and Skeletal Pain:**

Location/History/Frequency/Character/

Intensity (1-10)/ROM compromised/

Better/Worse w/(time, activity, thermal, fatigue, other)



## DIAGNOSTIC

What I know for sure:

Organ Sx and Patterns

San Jiao and Qi Ji

Treatment goals and expectations: