

Central Coast COMMUNITY ACUPUNCTURE, LLC 123 NE 8TH STREET, NEWPORT, OR 97365

WWW.CCCACUPUNCTURE.COM

541-265-8455

PATIENT INFORMATION	CONTACT INFORMATION
DateName	Home phone Work phone Other/cell phone Email Another person we may contact if needed: Name Relationship Home phone
Physician phone number	Work phone
How did you hear about us?	Have you had acupuncture before?
HEALTH HISTORY	
What are your primary reasons for coming in for treatment? 1	Check symptoms you have or have had in the last year: Depression Difficulty in focusing Dizziness Easily startled Excessive worry Excessive anger Excessive fear Fatigue/tiredness Headaches Migraines Loss of sleep/poor sleep Loss or gain of weight
List medications or food supplements you are taking.	□ Nervousness/irritability □ Overwhelmed by life Check conditions you have or have had in the past: □ AIDS □ Allowing
List serious illnesses, accidents or surgeries.	 □ Allergies □ Anemia □ Arthritis □ Bleeding disorders □ Breast lump
Check illnesses that have occurred in blood relatives. Diabetes High blood pressure Stroke	 □ Cancer □ Diabetes □ Seizure disorder □ Pacemaker
Cancer type Heart disease Kidney disease	How long has it been since you have had a complete medical exam?

Check symptoms you have or had in the last year: MUSCLE/JOINT/BONES	HEALTH HISTORYCONTINUED	
Chest pain		CARDIOVASCULAR
Tremors or Cramps Hardening of arteries High or low blood pressure (circle one) Pain, weakness, numbness in:	v i v	
Swollen joints		*
Pain, weakness, numbness in: Arms Pain over heart Poor circulation Previous heart attack, when? Previous heart attack, when? Rapid/irregular heart beat Swelling of ankles Previous heart attack, when? Rapid/irregular heart beat Swelling of ankles Previous heart attack, when? Rapid/irregular heart beat Swelling of ankles Rapid/irregular heart beat Swelling of ankles Previous heart attack, when? Rapid/irregular heart beat Swelling of ankles Rapid/irregular heart beat Rapid/irregular heart attack, when? Rapid/irregular heart attack, when? Rapid/irregular heart attack, when? Previous heart attack, when? Previous heart attack, when? Rapid/irregular heart attack, when? Previous heart attack, when? Rapid/irregular heart attack, when? Previous he	-	
Arms	· ·	
Hips		
Back Rapid/irregular heart beat Swelling of ankles Legs Swelling of ankles Swelling of ankles Neck Hands Belching, gas or bloating Other Constipation, how often Difficulty of failing vision Distention of abdomen Barache Difficulty swallowing Barache Difficulty swallowing Earache Difficulty swallowing Earache Difficulty swallowing Earache Difficulty swallowing Earache Difficulty swallowing Distention of abdomen Excessive hunger Gall bladder trouble Hemorrhoids (piles) Hoarseness Davis of the state of the stat		
Legs	±	
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Hands		GASTROINTESTINAL
Shoulders Colon trouble		☐ Belching, gas or bloating
Other EYES/EAR/NOSE/THROAT/RESPIRATORY		
EYES/EAR/NOSE/THROAT/RESPIRATORY Asthma/wheezing Difficulty swallowing Blurred or failing vision Distention of abdomen Earache Gall bladder trouble Enlarged glands Hemorrhoids (piles) Frequent colds Pain over stomach Hoarseness Poor appetite Nose bleeds BODY TEMPERATURE Persistent cough Generally warm/hot Phlegm color Generally warm/hot Ringing in ears Sinus problems SKIN Boils Erection difficulties Bruise easily Penis discharge Dry skin Bleeding between periods Sensitive skin Clots in menses Sore won't heal Unusual sweating/night sweating Genificulty swallowing Distriction of abdomen Distention of allessed humber Distention of abdomen Distention of abdo		□ Constipation, how often
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Hay fever/allergies	* *	
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SIGNATURE	SIGNATURE	
The information on this form is correct to the best of my knowledge.		
Signature Date_	Signature	Date