

# GOLDEN NEEDLE ACUPUNCTURE CLINIC

## Patient Health History Questionnaire

Acupuncture & Chinese medicine healthcare can be practiced only when the practitioner completely understands patient's physical, mental & emotional condition. The information you provide help the practitioner understand your needs & how to help you properly reach your health goal. Please answer following question completely. Print all information & mark the one you are questioning about.

Patient's name: \_\_\_\_\_

Please print (last) (middle) (first)

Gender:  male,  female

Address: \_\_\_\_\_

Street

City State Zip code

Phone No.: Home \_\_\_\_\_

Work \_\_\_\_\_

Email address: \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth: \_\_\_\_\_, Age \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Emergency

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

How many children do you have? \_\_\_\_\_

Marital status

Single  Married

Separate  Divorced

Other \_\_\_\_\_

With whom do you live?

Spouse  Friends  Parents

Children  Alone

Other \_\_\_\_\_

What are your most important health concerns?

Have you been given a diagnosis for these problems?

If so, what & when?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long ago these (this) complain starts (specific)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To what extent this problem interfere your daily life (work, study, sleep, sex...)?

\_\_\_\_\_

\_\_\_\_\_

Other (secondary) health concern:

\_\_\_\_\_

\_\_\_\_\_

What type of treatment have you tried?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past history:

High blood pressure  Diabetes

Heart Dx  thyroid Dx

Hepatitis  HIV

Seizures  venereal Dx

Other

Referred by \_\_\_\_\_

Insurance Company \_\_\_\_\_

Patient signature \_\_\_\_\_

Please print your name \_\_\_\_\_

Date \_\_\_\_\_