

# 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 helps the practitioner understand your needs & how to help you properly reach your health goals. Please answer the following questions completely. Print all information & mark any you have questions about.

Patient's name: \_\_\_\_\_  
Please print (last) (middle) (first)

Gender:  male,  female

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip code

Phone No.: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Cell \_\_\_\_\_

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

SSN (optional/billing purpose) \_\_\_\_\_

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 \_\_\_\_\_