

Kim Merlino L.Ac.
Confidential Health History

name _____ date _____
street _____
address _____ telephone _____
city _____ zip code _____ date of birth _____
email _____ marital status _____
number of children(ages) _____
nearest relative and phone# _____
employment _____

Will you need an Insurance Super Bill? _____

hobbies or special interests _____
philosophical or religious affiliation (optional) _____
referred by _____
primary physician _____
list any medications or supplements _____

have you had acupuncture before _____
primary complaint (describe your symptoms and condition)

onset of current condition _____
what do you think may have caused this condition _____

has anything helped condition _____
does anything make it worse _____

health history (include accidents, injuries, surgeries, allergies, etc..)

do you have high blood pressure or any heart problems _____

parents health _____

what season do you prefer _____
what climate do you prefer _____
how is your energy level _____
how is your appetite _____
how is your digestion _____
how much fluid do you drink daily _____

do you have regular daily bowel movements and how many _____

is stool consistently (circle) loose hard light-colored dark watery mucus blood
do you urinate less than 4 times daily or more than 6 times _____
nighttime urination _____

do you follow any special diet (ie weight loss, raw, organic, etc) _____

circle any of the following that you use daily:

alcohol coffee diet sodas sugar marijuana cocaine recreational drugs

do you exercise regularly _____

are you sensitive to heat or cold _____

how is your sleep _____

how is your memory _____

FOR WOMEN:

do you have any menstrual problems _____

are periods regular _____ length of cycle _____

do you experience pain _____ is your flow: heavy light moderate

which best describes menstrual blood: normal, pale, bright red, dark, many clots

number of pregnancies _____ births _____

miscarriages _____ abortions _____

are you taking birth control (how long) _____

how would rate your libido: high normal low

FOR MEN:

do you have any urination problems: dribbling, incomplete flow, urgency

how would you rate your libido: high normal low

do you experience erection difficulties _____

ANY ADDITIONAL COMMENTS YOU'D LIKE TO ADD
