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Medical History

This information is essential for the diagnosis procedure and helps us to provide you with a better treatment. Please fill out as accurately as you can.

THIS INFORMATION IS CONFIDENTIAL

Name: _____ Referred by: _____

Address: _____

Home Phone or Cell: _____ Email: _____

Birth date: _____ Height: _____ Weight: _____

Describe your principle complaint: _____

What has been diagnosed (by M.D.) _____

Any problems during your birth? _____

Childhood Illnesses: Any surgery or accidents? _____

Age: _____

Age: _____

Adolescent Illnesses: Any surgery or accidents?

Age: _____

Age: _____

Adulthood: Any surgery or accidents? _____

Age: _____

Age: _____

Please note all major illnesses in your *immediate family*, such as diabetes, heart disease, blood pressure, neurological disorders, psychological disorders, blood disorders, orthopedic disorders etc.:

Are you taking any medication? Please note all medications, herbs, vitamins, and minerals you take even if you take them only occasionally.

Please describe your alcohol and caffeine intake per week. _____

Do you have any scars? Note location of all operation or injury scars (even minor ones!!) _____

Name: _____

Date: _____

Symptom List

Circle an problem, disease, or symptom you have now. Underline items that have affected you in the past.

Skin: eczema acne skin rashes dermatitis furuncles fungal infections
warts psoriasis

Heart and vascular: Fast pulse (over 100 beats/min) slow pulse (less than 60 beats/min) palpitation irregular pulse feeling of pressure in the chest shortness of breath chest pain dizziness migraine headache with nausea cold hands/cold feet Raynaud's disease flushed face Anemia high blood pressure low blood pressure cold sweats red face
Feel dizzy or faint when standing up quickly or standing for a long time

Gastrointestinal: constipation diarrhea no appetite stomach pain indigestion heartburn intestinal gas belching ulcer gastritis lack of stomach acid hemorrhoids ileocecal valve spasm peritonitis pancreatitis irritable bowel polyps GI tumors

Respiratory: asthma bronchitis emphysema cough wheeze pneumonia lung abscess

Hormonal imbalance: low thyroid overactive thyroid diabetes hypoglycemia blood sugar
Other hormonal imbalance: _____

Male: impotence premature ejaculation prostate gland problem vasectomy infertility

Female: menstrual problems cramping heavy/light/irregular periods
PMS emotional reactions menopause symptoms tubal ligation infertility
low libido

Autoimmune and inflammatory conditions: Hashimoto's disease
rheumatism systemic lupus erythematosus colitis Crohn's disease
alopecia (baldness) allergy food allergy atopic dermatitis
neurodermatitis cellulites sinus allergy low immunity
Connective tissue or ligament diseases: Myofascial pain syndrome
fibromyalgia tendonitis plantar fasciitis ear infections streptococci
infections staphylococci infections easily catch cold or sore throat
swollen glands

Ear, nose and throat: deafness tinnitus (ringing in ears) itchy ear ear
pain ear infections stuffy nose post-nasal-drdip dry throat soar throat

Oral Disease: bleeding gums periodontitis dental abscess mumps
stomatitis (inflammation of the mouth) TMJ toothaches without cavities

General: insomnia psychosomatic weakness exhaustion emotional
problems (angry, irritable, depressed, anxious) difficult concentrating on a
task easily get car sick, sea sick, or airsick no appetite for breakfast
moody in mornings unusual sweating (palms, soles, or elsewhere)
Before noon time: no energy feel spacey scattered mind energetic all
evening through midnight, but hate to wake up in the morning long
shower or bath makes you feel dizzy or faint.

Medication and drugs: birth control pills cigarettes alcohol cocaine
marijuana caffeine

Other: