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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!!) \_\_\_\_\_

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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:**