

# HEALTH HISTORY QUESTIONNAIRE

*All of your information is confidential*

Name \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Today's date \_\_\_/\_\_\_/\_\_\_

Gender \_\_\_\_\_ Occupation \_\_\_\_\_ Referred by \_\_\_\_\_

Marital Status:  Never Married  Married  Widowed  Divorced or Separated

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_ phone \_\_\_\_\_ relation to you \_\_\_\_\_

**Describe conditions in descending priority. Indicate these conditions in the pictures below.**

---

---

---

---

---

---

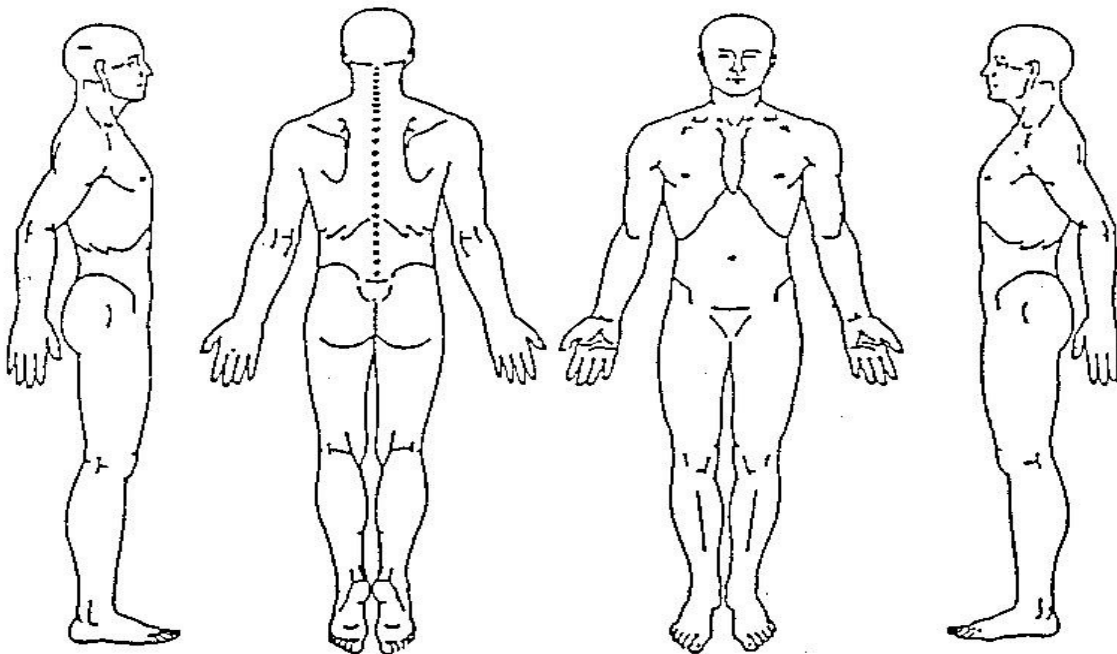
---

---

---

---

---



**List hospitalizations/surgeries/significant physical trauma:**

Events	When

**List current medication as well as past medication taken for a prolonged period:**

Medication	Reason for Taking	Time Period	Dosage & Frequency

**Do you follow a special diet? Do you eat wheat or dairy products? List foods that cause digestion problems, if any.**

---

---

---

**How frequent and complete is your bowel movement?**

---

---

---

**If you have sleeping issues:**

What are your sleeping hours? \_\_\_\_\_

How long does it take for you to fall asleep? \_\_\_\_\_

How often do you wake up during the night? \_\_\_\_\_

How long does it take for you to fall back to sleep? \_\_\_\_\_

What time is your last meal of the day? \_\_\_\_\_

**If you are female:**

Are you pregnant? \_\_\_\_\_

List premenstrual symptoms, if any:

---

---

---

## POLICIES & INFORMED CONSENT

### **Payment Policy:**

- Payment for appointment is required at the time of your visit. You may pay with cash or check. Returned checks will incur a \$35.00 fee, due and payable immediately.

### **Cancellation Policy:**

- Please be on time for your scheduled appointment.
- If you find it necessary to change or cancel your appointment, please try and give as much advance notice as possible. A minimum of 24 hours notice to cancel an appointment is required to avoid the full charge for the missed appointment. Emergencies will be taken into consideration. More importantly, keeping regular appointments will produce a better therapeutic result.

### **Informed Consent:**

I hereby authorize acupuncturists of Healing By Yang to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

- Various styles and sizes of acupuncture needles inserted at various depths and locations. Hematoma (bruise) may result. This is not serious and does not occur very often.
- Heat treatments using: Artemesia Vulgaris herb (moxibustion, “moxa”) or a therapeutic heat lamp. Indirect moxibustion involves putting moxa on the head of the needle, or holding a moxa pole near the skin. Direct moxibustion involves thread or cone moxa placed directly on the skin. With any type of heat, there is always a risk of burn.
- Tuina, a form of Chinese massage, may cause bruising, muscle soreness or aches that can last for 1-3 days.
- Cupping, a massage tool, may produce a red/purple color on the skin that can last 1-5 days.
- Gwasha, a massage tool, may produce slight bruising, tenderness, and redness on the skin that can last 1-5 days.
- Electrical stimulation of the needles, producing a vibration or tapping sensation.
- Micro-bloodletting, improving circulation in specific meridians. Lancets are inserted into the skin and a small amount of blood is expressed from the puncture.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and have been given an opportunity to ask questions pertaining to the treatment. I also understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment.

Healing By Yang is HIPPA compliant and maintains HIPPA regulations regarding privacy.

Printed name of patient: \_\_\_\_\_

Signature of patient or guardian: \_\_\_\_\_

Date: \_\_\_\_\_