Golden Bamboo Acupuncture
3663 E Sunset Rd, suite 102G, Las Vegas, Nevada 89120
Phone: 725-285-1210
Email: info@gbambooacupuncture.com
Website: gbambooacupuncture.com

Intake Form

Personal Information

Name _____ Phone (day) _____ (evening) _____

Address _____City/State/Zip _____ DOB_____

Occupation _____ Employer _____

Email _____ Primary Physician _____

Health Insurance name_____ Policy number_____

Health Insurance address_____

Emergency Contact _____ Relationship _____ Phone _____

Height_____Weight_____

How did you hear about us?

_____

Acupuncture Information

Have you had a professional acupuncturist before? ☐ yes ☐ no

What were your symptoms before?

_____

What was the result of the previous treatment?

_____

Do you suffer from chronic pain? ☐ yes ☐ no

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What makes it better?

_____

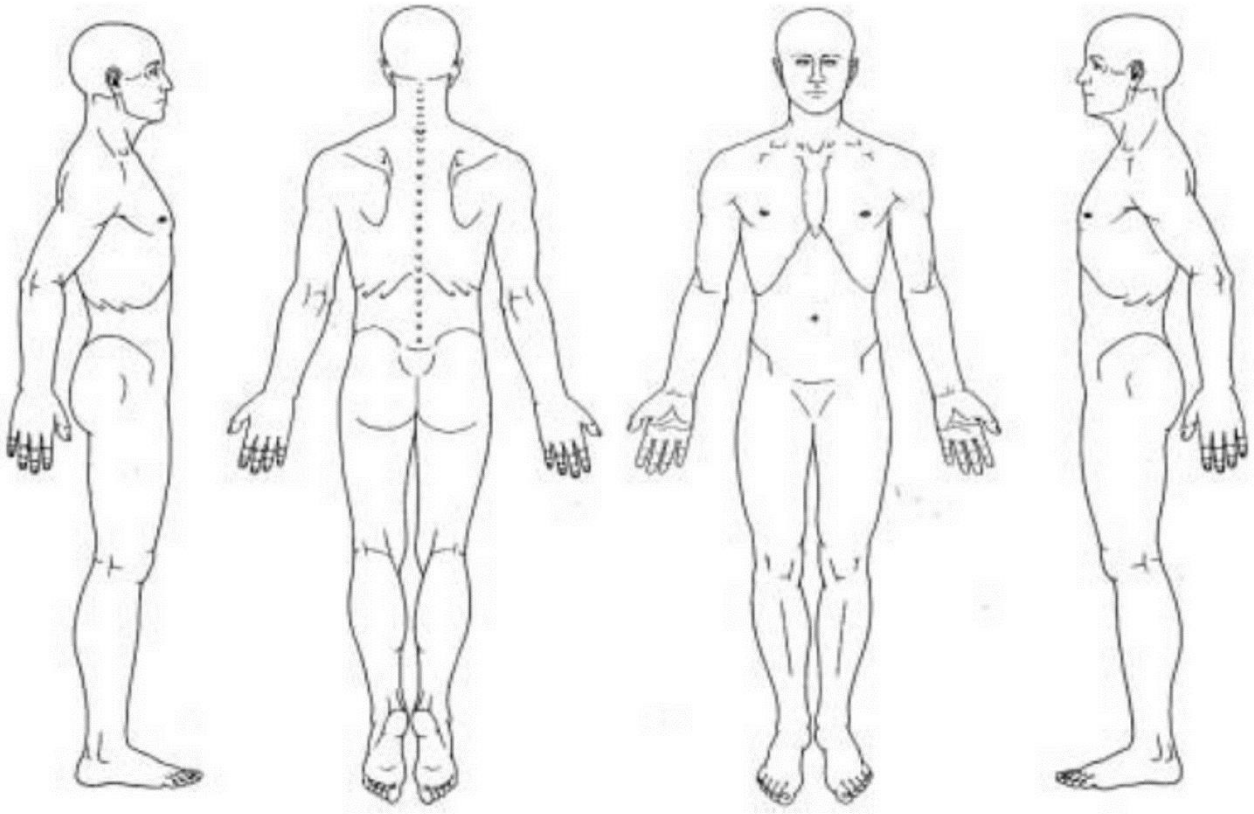
What makes it worse?

_____

What are your goals for this treatment session?

_____

Please circle any areas of discomfort:



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Tell Us About Your Past Medical History

Please Mark The Check Box If You Previously Suffered From These Conditions.

- [ ] Asthma
- [ ] Anemia
- [ ] Appendicitis
- [ ] Arteriosclerosis
- [ ] Bronchitis
- [ ] Bird Flu
- [ ] Colitis
- [ ] Chronic Fatigue
- [ ] Depression
- [ ] Epilepsy/Seizures
- [ ] Diabetes Type 1
- [ ] Diabetes Type 2
- [ ] Fibromyalgia
- [ ] Emphysema
- [ ] Eating Disorder
- [ ] Gout
- [ ] Gallstones
- [ ] Goiter
- [ ] Hepatitis C
- [ ] Heart Disease
- [ ] Hepatitis B
- [ ] HIV
- [ ] Hypertension
- [ ] High Cholesterol
- [ ] Hyper Thyroid
- [ ] Herpes Simplex
- [ ] High Blood Pressure
- [ ] Mental Illness
- [ ] Hypo Thyroid
- [ ] Low Blood Pressure
- [ ] Mono
- [ ] Meningitis
- [ ] Paralysis
- [ ] Pacemaker
- [ ] Mumps
- [ ] Pneumonia
- [ ] Polio
- [ ] PTSD
- [ ] Physical Abuse
- [ ] Kidney Stones
- [ ] Rheumatic Fever
- [ ] Reynaud's Disease
- [ ] Scarlet Fever
- [ ] STD's
- [ ] Stroke
- [ ] Tuberculosis
- [ ] Ulcers
- [ ] Uterine Fibroids

Addictions

Cancer? What Type?

Hospitalization, Operations and Significant Traumas

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Your Family's Medical History

Addictions

Asthma

Cancer

Diabetes

Fatty Liver

High Blood Pressure

Heart Disease

Mental Disease

Strokes

Thyroid Disease

Tell Us About Your Lifestyle

Diet

Exercise

Mark The Ones That Describe You

- [ ] Sleep After Midnight
- [ ] Drink Coffee Often
- [ ] Drink Soda Often
- [ ] Smoke Tobacco Daily
- [ ] Smoke Marijuana Often
- [ ] Drink Alcohol Often

Recreational Drugs?

Stress Level

Current State of Health

My Body Temperature Feels?

- [ ] Hot
- [ ] Cold
- [ ] Normal

General Symptoms

- [ ] Edema
- [ ] Bruise Easy
- [ ] Chills
- [ ] Fever
- [ ] Body Aches
- [ ] Aversion To Wind
- [ ] Aversion To Cold
- [ ] Aversion To Heat
- [ ] Strong Thirst
- [ ] Low Thirst
- [ ] Poor Appetite
- [ ] Night Sweats
- [ ] Insomnia
- [ ] Fatigue
- [ ] Nasal Congestion
- [ ] Foggy Headed
- [ ] Dizziness
- [ ] Short Of Breath

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Head, Eyes, Ears, Nose & Throat Symptoms

- [ ] Dry Eyes
- [ ] Red Eyes
- [ ] Blurry Vision
- [ ] Poor Night Vision
- [ ] Floaters
- [ ] Eye Strain
- [ ] Difficult to Focus
- [ ] Cataracts
- [ ] Glasses/Contacts
- [ ] Ear Ringing: High Pitch
- [ ] Ear Ringing: Low Pitch
- [ ] Poor Hearing
- [ ] Block Sinus
- [ ] Grinding Teeth
- [ ] Dental Problems
- [ ] Hoarse Voice
- [ ] Headaches
- [ ] Concussion
- [ ] Mouth Sores/Ulcers
- [ ] Migraines
- [ ] Nose Bleeds
- [ ] TMJ
- [ ] Facial Pain
- [ ] Ear Aches
- [ ] Sore Throat
- [ ] Plum Pit Feeling in Throat
- [ ] Excess Saliva

Cardiovascular Symptoms, Signs & Diseases

- [ ] High Blood Pressure
- [ ] Low Blood Pressure
- [ ] Irregular Heart Beat
- [ ] Heart Beating Fast
- [ ] Heart Palpitations
- [ ] Cold Hand/Feet
- [ ] Swelling of Hand/Feet
- [ ] Phlebitis
- [ ] Chest Pain
- [ ] Fainting
- [ ] Left Arm Pain
- [ ] Varicose Veins

Respiratory Signs & Symptoms

- [ ] Dry Cough
- [ ] Wet Cough
- [ ] Bronchitis
- [ ] Phlegmy
- [ ] Pneumonia
- [ ] Asthma
- [ ] Pain When Breathing Deep
- [ ] Short of Breath
- [ ] Chest Tightness
- [ ] Post Nasal Drip
- [ ] Labored Breathing
- [ ] Breath Feels Hot

GastroIntestinal

- [ ] Nausea
- [ ] Constipation
- [ ] Diarrhea
- [ ] Gas
- [ ] Bloating
- [ ] Abdominal Pain/Cramp
- [ ] Hiccup
- [ ] Acid Regurgitation
- [ ] Belching
- [ ] Indigestion
- [ ] Bad Breath
- [ ] Rectal Pain
- [ ] Anal Fissures
- [ ] Itchy Anus
- [ ] Hemorrhoids

Genitourinary

- [ ] Frequent Urination
- [ ] Wakes Up To Urinate
- [ ] Pain During Urination
- [ ] Incomplete Urination
- [ ] Decrease Flow
- [ ] Decrease Stream Power
- [ ] Unable to Hold Urine
- [ ] Bedwetting
- [ ] Urinary Tract Infection
- [ ] Smelly Urine
- [ ] Dark Yellow Urine
- [ ] Kidney Stones
- [ ] Wet Dreams
- [ ] Impotence (Men)
- [ ] Enlarged Prostate (Men)
- [ ] Low Semen Volume (Men)
- [ ] Premature Ejaculation
- [ ] Genital Itching
- [ ] Genital Sores
- [ ] High Libido
- [ ] Low Libido

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Gynecological & Obstetrics (Women Only)

- [ ] Currently Pregnant
- [ ] Irregular Menses
- [ ] Menstrual Clots
- [ ] No Menstrual Cycle
- [ ] Endometriosis
- [ ] Ovarian Cysts
- [ ] PCOS
- [ ] PMS
- [ ] PID
- [ ] Uterine Fibroids
- [ ] Vaginal Sores
- [ ] Frequent Yeast Infections

Gynecological

Last Menstrual Period

Date of Last PAP

Age Menses Started

Number of Days Between Periods?

How Many Days Do You Bleed (During Period)?

Menstrual Blood Clots

Color of Menstrual Blood

What is Your Flow Like?

Irregular Menses

Mid-Cycle Bleeding?

Menopause

Birth Control

Breast Lumps

Vaginal Discharge

Obstetrics

How many months pregnant?

Previous Live Births?

Premature Births?

Any Miscarriages?

Previous Abortions?

IVF

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Musculoskeletal

What Areas Are Painful?

- [ ] Head
- [ ] Neck
- [ ] Shoulder
- [ ] Upper Back
- [ ] Middle Back
- [ ] Lower Back
- [ ] Ribs
- [ ] Wrist
- [ ] Hip
- [ ] Upper Leg
- [ ] Side of Leg
- [ ] Lower Leg
- [ ] Knee
- [ ] Ankle
- [ ] Foot
- [ ] Fingers
- [ ] Toes
- [ ] Groin
- [ ] General Muscle Weakness
- [ ] Muscle Tightness
- [ ] Full Body Aches/Pain

Neuropsychological

Do You Feel Numbness?

- [ ] Face
- [ ] Shoulder
- [ ] Arms
- [ ] Wrists
- [ ] Fingers
- [ ] Toes
- [ ] Legs
- [ ] Ankles
- [ ] Foot

Frequent Emotions

- [ ] Fear
- [ ] Grief
- [ ] Worried
- [ ] Depression
- [ ] Anxiety
- [ ] Anger
- [ ] Suicidal
- [ ] Irritable
- [ ] Manic

General Symptoms

- [ ] Dizziness
- [ ] Loss of Balance
- [ ] Lack of Coordination
- [ ] Memory Loss
- [ ] Tremors
- [ ] Panic Attacks

Paralysis

Other Neurological Issues

Anything We Missed or You Want To Tell Us?

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time

Client Signature _____ Date _____