

Steel Creek Acupuncture PLLC
840 N. Pollard
Fayetteville, AR 72701

Health History Form

Please take time to fill out this questionnaire carefully. All of your answers are absolutely confidential. If you have questions, please ask.

General Patient Information:

Today's Date: ____/____/____

Name: _____

Address: _____

E-mail: _____

Date of Birth: ____/____/____ Age: _____

Gender: M/F Martial Status: S M D W Insurance Provider: _____

Occupation: _____

Contact Phone: _____

Emergency Contact Name/Phone Number: _____

Current Medical History:

Please list what brought you in today:

1. _____

2. _____

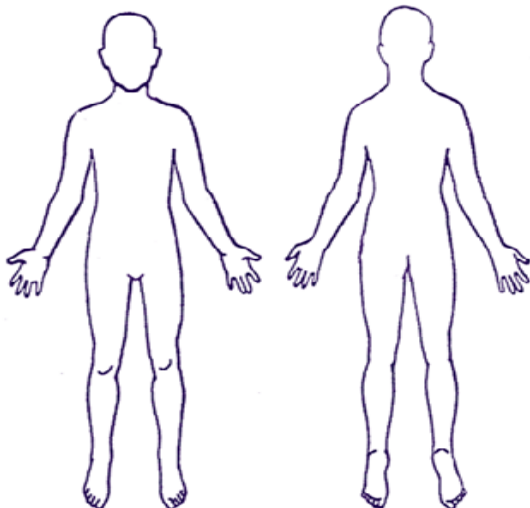
3. _____

List medications (prescribed and over-the-counter), vitamins, and supplements you are currently taking:

List any foods, drugs, or medications your are allergic or hypersensitive to (please indicate reaction):

List any serious accidents, surgeries or illnesses:

Please shade areas of pain



Describe your pain:

Achey

Sharp

Deep

Burning

Electric

Shooting

Heat helps

Cold helps

Rest helps

Movement helps

Swelling

Joint pain

Muscle cramps

Tremors

Other: _____

Conditions you have or have had in the past:

HIV

Hepatitis

Bleeding Disorders

Diabetes

Dizziness/Vertigo

Symptoms you have had in the past year:

Gastrointestinal

- Constipation
- Heartburn
- Bloating
- Poor appetite
- Nausea
- Tired after eating
- Diarrhea
- Gas
- Stomach pain
- Excessive hunger
- Hemorrhoids
- Excessive thirst

Cardiovascular

- Chest pain
- High Blood Pressure
- Low Blood Pressure
- Cold hands or feet
- Atherosclerosis
- Swollen ankles
- Irregular pulse

Skin and Hair

- Rash
- Dry Skin
- Boils
- Sores that won't heal
- Hair loss
- Bruise easily
- Itchy

Sleep

- Hard to fall asleep
- Hard to stay asleep
- Rested in a.m.
- Nap during day

Urinary

- Frequent Urination
- Bladder Infection
- Kidney Stones
- Incontinence

Head, eyes, ears, nose throat, respiratory

- Blurry vision
- TMJ/Jaw Pain
- Hearing loss
- Headaches
- Difficulty inhaling
- Chest Tightness
- Excessive phlegm
- Sinus infection
- Frequent Colds
- Eye Pain
- Ringing in ears
- Earache
- Migraines
- Difficulty exhaling
- Cough
- Fever
- Sore throat
- Cavities

Emotions

- Anxiety
- Irritability
- Excessive fear
- Lack of focus
- Grief
- Depression
- Excessive worry
- Mood swings
- Overwhelmed

Women

- Irregular Cycle
- PMS
- Cramps
- Heavy bleeding
- Clotting
- Miscarriage
- Breast Tenderness

Men

- Enlarged Prostate
- Erectile Dysfunction

Other information you need to share: _____

How did you hear about us? _____

Signature: _____ Date: _____