

**INITIAL INTAKE FORM**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_ Referred by \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Chiropractor \_\_\_\_\_ Other healthcare givers \_\_\_\_\_

Reason for visit today \_\_\_\_\_

Current medications, herbs, supplements \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Your Past Medical History**

Check any of the following you currently have, or have had in the past. Please also check if you feel any of the following are a significant part of your medical history.

- |   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> AIDS/HIV                         | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Surgery (list)    | <input type="checkbox"/> Tuberculosis     |
| <input type="checkbox"/> Alcoholism                       | <input type="checkbox"/> Emphysema           | <input type="checkbox"/> Mumps              | _____                                      | <input type="checkbox"/> Typhoid Fever    |
| <input type="checkbox"/> Allergies                        | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Pacemaker          | _____                                      | <input type="checkbox"/> Ulcers           |
| <input type="checkbox"/> Appendicitis                     | <input type="checkbox"/> Goiter              | <input type="checkbox"/> Pleurisy           | _____                                      | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Arteriosclerosis                 | <input type="checkbox"/> Gout                | <input type="checkbox"/> Pneumonia          | <input type="checkbox"/> Thyroid Disorders | <input type="checkbox"/> Whooping Cough   |
| <input type="checkbox"/> Asthma                           | <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Polio              | <input type="checkbox"/> Major Trauma      | <input type="checkbox"/> Other (Specify)  |
| <input type="checkbox"/> Birth Trauma<br>(your own birth) | <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Rheumatic Fever    | (car, fall, etc., list)                    | _____                                     |
| <input type="checkbox"/> Cancer                           | <input type="checkbox"/> Herpes              | <input type="checkbox"/> Scarlet Fever      | _____                                      | _____                                     |
| <input type="checkbox"/> Chicken Pox                      | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Seizures           | _____                                      | _____                                     |
|   | <input type="checkbox"/> Measles             | <input type="checkbox"/> Stroke             | _____                                      | _____                                     |

**Auto Accident Clients Only:**

Insurance Co. \_\_\_\_\_

Address & Phone \_\_\_\_\_

Policy No. \_\_\_\_\_

\_\_\_\_\_

Claim No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Date of Accident \_\_\_\_\_

# PATIENT SYMPTON SURVEY

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Please check your past and present symptoms so we can better evaluate your condition.

## GENERAL

Past Now

- Fatigue
- Sleep problems
- Swollen glands
- Hot or cold intolerance
- Frequent headaches
- Weight loss
- Weight gain
- Fever or chills
- Allergies

## NERVOUS SYSTEM

Past Now

- Dizziness
- Blurred vision
- Fainting
- Paralysis
- Tremors
- Numbness/tingling
- Convulsions
- Imbalance
- Memory loss
- Muscle weakness

## URINARY

Past Now

- Painful urination
- Frequent urination
- Hard to urinate
- Incontinence
- Bed wetting
- Discolored urine
- Frequent infections
- Prostate problems
- Unusual discharge

## HEAD

Past Now

- Headache
  - Entire head
  - Back of head
  - Forehead
  - Temples
  - Migraine
- Head feels heavy
- Loss of memory
- Lightheadedness
- Light bothers eyes
- Loss of smell
- Loss of taste
- Loss of balance
- Dizziness
- Loss of hearing
- Pain in ears
- Ringing in ears
- Buzzing in ears

## NECK

Past Now

- Pain in neck
- Neck pain w/ movement
- Pinched nerve in neck
- Neck feels out of place
- Stiff neck
- Muscle spasms in neck
- Grinding sounds in neck
- Grating sounds in neck
- Popping sounds in neck
- Arthritis in neck

## EMOTIONAL

Past Now

- Anxiety or worry
- Frequent crying
- Anger
- Tension
- Mood swings
- Fear
- Restlessness
- Confusion
- Depression
- Suicidal

## REPRODUCTIVE SYSTEM

Past Now

- Painful intercourse
- Prostate problems
- Sexual problems
- Loss of sex drive
- Genital infections

Birth control method:

## Women only

Past Now

- Cramps
- PMS
- Irregular periods
- Are you pregnant?
  - Yes  No
- Date last period \_\_\_\_\_
- # of pregnancies \_\_\_\_\_
- # of miscarriages \_\_\_\_\_
- # of abortions \_\_\_\_\_
- Date of last PAP \_\_\_\_\_
- Difficult labor
- Breast problems

## LOW BACK

Past Now

- Low back pain
- Low back pain is worse when:
  - Working
  - Lifting
  - Stooping
  - Standing
  - Sitting
  - Bending
  - Coughing
- Pinched nerve in low back
- Slipped disk
- Feels out of place
- Muscle spasms
- Arthritis

## MID BACK

Past Now

- Mid back pain
- Pain between shoulder blades
- Sharp stabbing pain in mid back
- Muscle spasms

## CHEST

Past Now

- Chest pain
- Shortness of breath
- Breath pain around ribs

## EENT

Past Now

- Earache
- Ear discharge
- Ringing in ears
- Hearing loss
- Nose bleeds
- Hoarseness
- Problems swallowing
- Sore throat
- Jaw tight or sore
- Dental problems
- Glasses/contacts

## MUSCULOSKELETAL

Past Now

- Joint swelling
- Muscle cramps
- Neck pain
- Shoulder pain
- Tennis elbow
- Arm pain
- Hand sensations
- Loss of grip
- Mid back pain
- Rib pain
- Low back problems
- Hip pain
- Foot problems
- Leg cramps
- Knee pain
- Ankle weakness
- Tingling foot

## SHOULDERS

Past Now

- Pain in shoulder joint
- Pain across shoulders
- Bursitis (R-L)
- Arthritis (R-L)
- Can't raise arm
  - Above shoulder level
  - Over head
- Tension in shoulders
- Pinched nerve in shoulder
- Muscle spasms in shoulder

## ARMS & HANDS

Past Now

- Pain in upper arm
- Pain in forearm
- Pain in hands
- Pain in fingers
- Pinched nerve in arm
- Pinched nerve in fingers
- Pins & needles in arms
- Pins & needles in fingers
- Fingers go to sleep
- Hands cold
- Swollen joints in fingers
- Arthritis in fingers
- Loss of grip strength

## HEART/LUNG

Past Now

- Chest pain
- High blood pressure
- Low blood pressure
- Persistent cough
- Hard to breathe
- Coughing blood
- Coughing phlegm
- Irregular heartbeat
- Varicose veins
- Ankle swelling

## GASTROINTESTINAL

Past Now

- Change in appetite
- Thirst
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Gas
- Hemorrhoids
- Gall bladder
- Belching
- Heartburn
- Abdominal pain
- Bloody/black stools
- Indigestion
- Liver trouble

## SKIN

Past Now

- Easy bruising
- Dry skin
- Itching
- Boils
- Rashes
- Excessive sweat
- Hair changes

## HIPS, LEGS & FEET

Past Now

- Pain in buttocks (R-L)
- Pain in hip joint (R-L)
- Pain down leg (R-L)
- Pain down both legs
- Leg cramps
- Pins & needles in legs
- Numbness of leg (R-L)
- Numbness of feet (R-L)
- Numbness of toes
- Feet feel cold
- Cramps in feet (R-L)
- Swollen ankles (R-L)
- Swollen feet (R-L)
- Painful joints in toes
- Pain in foot (R-L)
- Pain in knee (R-L)

## GENERAL

Past Now

- Nervousness
- Irritable
- Depressed
- Fatigue
- Generally feel run down
- Loss of sleep
- Loss of weight

## **CANCELLATION POLICY**

Your appointment time is reserved exclusively for you. I ask that you give as much notice as possible if you need to cancel or change your appointment. Appointments that are cancelled less than 24 hours in advance, or missed appointments, will be charged a fee of \$75.

If we are able to reschedule your appointment within the same week, or I am able to fill your appointment time with another client, the cancellation fee is waived. I do make exceptions for true emergencies or weather-related circumstances or childcare issues on an individual basis. Thank you for your cooperation.

David Mortell, Licensed Acupuncturist  
412 888 9390  
[www.mortellacupuncture.com](http://www.mortellacupuncture.com)