

Enlighten Acupuncture and Complementary Medicine

Initial Intake form

*All gathered information is confidential*

<b>Name:</b>	<b>Birthdate:</b>
<b>Address:</b>	<b>Age:</b>
	<b>Gender:</b>
<b>Primary phone #:</b>	<b>Alternative phone # (cell/other):</b>
<b>May we contact you and leave a message regarding appointments at this number? Y N</b>	
<b>Email:</b>	
<b>May we contact you at this email regarding appointment information or newsletters? Y N</b>	
<b>Occupation:</b>	
<b>Your emergency contact &amp; phone #</b>	
<b>Your physicians and date of last check-up:</b>	
<b>How did you hear about EnLIGHTen?</b>	

What is your chief complaint (main reason you are seeking treatment)?

When did this problem begin? Did anything change in your life during this time?

What is the quality of the problem? (constant or sporadic, sharp or dull, better or worse with movement or cold or heat, occurs more at night, etc)

What prior or other current treatments have you tried for the condition? Did they help?

How would you rate the problem for how badly it affects your life on a scale of 1-10? (1 best, 10 worst)

<b>Please check if you have/use the following: HIV/AIDS__ Hepatitis__ Tuberculosis__ MRSA__ Diabetes__ COPD__ Hypertension__ History of stroke__ History of heart attack__ Cancer__ Pacemaker__ Lithium__ Blood thinners__ Antidepressants/anti-anxiety medications__</b>
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**PLEASE LIST ALL MEDICATIONS AND SUPPLEMENTS**

Do you have any other significant health complaints? Major illnesses, hospitalizations?

**Other questions to get a holistic picture: (no need to answer questions that you have already addressed on previous page or that don't apply to you)**

How is your energy on a 1-10 scale (10 being the highest)?

Any sleep difficulties?

Any recurring health issues in childhood? Asthma, allergies, skin issues, digestive issues, ear infections, growth delays, developmental issues?

Any emotional issues you want to address? **Y N** (depression, anxiety, grief, anger, irritability, sadness, worry, fear, indecision, etc.) Have you been diagnosed with any mood disorders (depression, anxiety, bipolar, etc)? Describe below:

Please rate how often you feel the following emotions (rarely, sometimes, or often):

Anger/irritability: \_\_\_\_\_ Grief, guilt or sadness: \_\_\_\_\_ Fear \_\_\_\_\_  
Worry, obsessive thinking \_\_\_\_\_ Fluctuations between joy and despair \_\_\_\_\_  
Anxiety \_\_\_\_\_ Depression \_\_\_\_\_

**For Women:**

At what age was your first period? \_\_\_\_\_ Is your cycle regular or irregular? \_\_\_\_\_

How many days between one period and the next (cycle length)? \_\_\_\_\_

How many days do you bleed (menstruation length)? \_\_\_\_\_

Is it heavy or light or spotty? \_\_\_\_\_ Do you notice clots? **Y N**

Do you get cramps? **Y N** If so, when? (before, during, or after period) How would you describe the pain? (sharp, dull, achy, stabbing, bloating, back pain, etc.)

Are you pregnant? **Y N** If yes, how many weeks?

How many births? Miscarriages? Ectopic? Abortions?

Were the births vaginal or cesarean?

History of assisted fertility? Describe below:

Any gynecological diagnosis? If so, what?

**For Men:**

Any prostate, sexual, or genital problems? Describe below.

**Lifestyle: (Indicate amount)**

Exercise

Alcohol

Cigarettes

Recreational Drugs

Other

**How would you rate your satisfaction in your life in the following areas:**

**5 = excellent, 0 = terrible**

Work \_\_\_\_\_ Relationships (friendships or significant others) \_\_\_\_\_ Diet \_\_\_\_\_ Family \_\_\_\_\_  
Spirituality \_\_\_\_\_ Physical fitness \_\_\_\_\_ Health and well-being \_\_\_\_\_