

Acupuncture for Everyone

Health History for Women

Circle any symptoms you have had in the past month

Temperature

Cold hands or feet	Hot hands, feet, chest	Thirst for cold/hot drinks	Night sweats
Chills	Hot flashes	Thirst, no desire to drink	Unusual sweats
Cold "in the bones"	Hot in the afternoon	Absence of thirst	When _____ am/pm
Areas of numbness	Hot at night	Excessive thirst	Where on the body _____

Moisture

Dry skin	Dry mouth	Edema / Swelling –where _____	Oily skin
Dry hair	Dry lips	Rashes-where _____	Oily hair
Dry eyes	Dry throat	Itching-where _____	Pimples
Dry brittle nails	Dry nose/nosebleeds	Dandruff	Weight gain / loss

Digestion

BM: How often? ___x /every___days	Gas	Nausea/Vomiting	Dry stools
Stools keep shape? Y N	Bloating	Bad breath	Difficult to pass
Alternating diarrhea & constipation (IBS)	Belching	Heartburn	Tired after BM
Indigestion	Poor appetite	Excessive hunger	Foul smelling stools

Energy

Sudden energy drop Time of day _____ am/pm	Dependence on caffeine/stimulants	Shortness of breath	Hard to concentrate
Energy drop after eating	Wired / ungrounded feeling	Heart Palpitations	Poor memory
Fatigue	Body / Limbs feel heavy	Blood pressure—High/Low	Dizziness / lightheaded
	Body/ limbs feel weak	Bleed / Bruise easily	Headaches ___x/week

Sleep

#hour per night _____

Difficulty falling asleep

Wake ___x/night@ ___am/pm

Wake to urinate? How often _____

Disturbing dreams

Restless sleep

Not rested upon waking

Emotions

Anger	Grief
Irritability	Depression
Anxiety	Joy
Worry	Fear
Obsessive thinking	Timid / Shy
Sadness	Indecision

Eyes, Ears, Nose, Throat

Poor vision	Poor hearing
Night blindness	Ringing in ears
Red eyes	Excess earwax
Itchy eyes	Sore throat
Spots in front of eyes	Dental problems
Sinus congestion	Mouth sores
Phlegm (color _____)	Cough

Menses

Age at first menses:	Heavy periods	Cramps Before bleeding	Mood Changes
Length of full cycle: _____days	Light periods	First day	Fatigue with menses
Length of menses: _____days	Painful periods	During Period	Digestive changes with menses
Last menses start date: ___/___	Irregular periods	Clots	Midcycle spotting
# of pregnancies: ___	Changes in body/psyche Prior to menstruation (PMS)	Breast Tenderness	Midcycle pain
# of births: ___ premature: _____			Yeast infections
#abortions / miscarriages: _____			Birth control pill

Menopause

Age at last menses: _____	Hot flashes _____x/day	Vaginal dryness
Year changes began: _____	Night sweats _____x/week	Loss of sex drive