

# MEDICAL HISTORY [MEDICAL ACUPUNCTURE | DR. GARY HOWERTON]

This information is essential for the diagnosis procedure and helps to provide better treatment; it will be kept confidential. Please fill out as accurately as possible.

name \_\_\_\_\_ phone \_\_\_\_\_

address \_\_\_\_\_

email \_\_\_\_\_ birth date \_\_\_\_\_ height \_\_\_\_\_ weight \_\_\_\_\_

Describe your PRINCIPAL COMPLAINT:

---

DIAGNOSIS received by another physician:

---

[ CHILDHOOD ]

Any birth trauma? If so, describe:

---

Any childhood illnesses, surgeries or accidents?

incident 1 description and age:

---

incident 2 description and age:

---

[ ADOLESCENCE ]

Any illnesses, surgeries or accidents during adolescence?

---

incident 1 description and age:

---

incident 2 description and age:

---

[ ADULTHOOD ]

Any illnesses, surgeries or accidents during as an adult?

incident 1 description and age:

---

incident 2 description and age:

---

incident 3 description and age:

---

incident 4 description and age:

---

incident 5 description and age:

---

Please note all major ILLNESSES in your immediate family, such as diabetes, heart disease, blood pressure, neurological disorders, psychosocial disorders, blood disorders, orthopaedic disorders:

---

---

---

Are you taking any MEDICATION? Please list all medication, herbs, vitamins and minerals you take, even if taken only occasionally.

---

---

---

Do you have any SCARS? Note location of all operation or injury scars {even minor ones}.

---

**SYMPTOM LIST** Please check to indicate any problem, disease or symptom you have presently or have experienced in the past.

**SKIN**

- eczema  present  past
- acne  present  past
- skin rashes  present  past
- dermatitis  present  past
- furuncles  present  past
- fungal infections  present  past
- warts  present  past
- psoriasis  present  past

**HEART + VASCULAR**

- fast pulse  present  past  
[ >100 beats/minute ]
- slow pulse  present  past  
[ <60 beats/minute ]
- palpitation  present  past
- irregular pulse  present  past
- feeling pressure in the chest  present  past
- short of breath  present  past
- chest pain  present  past
- dizziness  present  past
- migraine headache with nausea  present  past
- cold hands/feet  present  past
- Raynaud's disease  present  past
- flushed face  present  past
- anemia  present  past
- high blood pressure  present  past
- low blood pressure  present  past
- cold sweats  present  past
- red face  present  past
- feel dizzy or faint when standing up quickly or standing for a long time  present  past

**GASTROINTESTINAL**

- constipation  present  past
- diarrhea  present  past
- no appetite  present  past
- stomach pain  present  past
- indigestion  present  past
- heartburn  present  past
- intestinal gas  present  past
- belching  present  past
- ulcer  present  past
- gastritis  present  past
- lack of stomach acid  present  past
- hemorrhoids  present  past
- peritonitis  present  past
- pancreatitis  present  past
- irritable bowel  present  past
- polyps  present  past
- GI tumors  present  past

**RESPIRATORY**

- asthma  present  past
- bronchitis  present  past
- emphysema  present  past
- cough  present  past
- wheezing  present  past
- pneumonia  present  past
- lung abscess  present  past

# SYMPTOM LIST [page 2]

## HORMONAL IMBALANCE

- |                          |                                  |                               |
|--------------------------|----------------------------------|-------------------------------|
| low thyroid              | <input type="checkbox"/> present | <input type="checkbox"/> past |
| overactive thyroid       | <input type="checkbox"/> present | <input type="checkbox"/> past |
| diabetes                 | <input type="checkbox"/> present | <input type="checkbox"/> past |
| hypoglycemia             | <input type="checkbox"/> present | <input type="checkbox"/> past |
| blood sugar              | <input type="checkbox"/> present | <input type="checkbox"/> past |
| other hormonal imbalance | <input type="checkbox"/> present | <input type="checkbox"/> past |

## MALE

- |                        |                                  |                               |
|------------------------|----------------------------------|-------------------------------|
| impotence              | <input type="checkbox"/> present | <input type="checkbox"/> past |
| premature ejaculation  | <input type="checkbox"/> present | <input type="checkbox"/> past |
| prostate gland problem | <input type="checkbox"/> present | <input type="checkbox"/> past |
| vasectomy              | <input type="checkbox"/> present | <input type="checkbox"/> past |
| infertility            | <input type="checkbox"/> present | <input type="checkbox"/> past |

## FEMALE

- |                               |                                  |                               |
|-------------------------------|----------------------------------|-------------------------------|
| menstrual problems            | <input type="checkbox"/> present | <input type="checkbox"/> past |
| cramping                      | <input type="checkbox"/> present | <input type="checkbox"/> past |
| heavy/light/irregular periods | <input type="checkbox"/> present | <input type="checkbox"/> past |
| PMS                           | <input type="checkbox"/> present | <input type="checkbox"/> past |
| emotional reactions           | <input type="checkbox"/> present | <input type="checkbox"/> past |
| menopause symptoms            | <input type="checkbox"/> present | <input type="checkbox"/> past |
| tubal ligation                | <input type="checkbox"/> present | <input type="checkbox"/> past |
| infertility                   | <input type="checkbox"/> present | <input type="checkbox"/> past |
| low libido                    | <input type="checkbox"/> present | <input type="checkbox"/> past |

## AUTOIMMUNE + INFLAMMATORY CONDITIONS

- |                              |                                  |                               |
|------------------------------|----------------------------------|-------------------------------|
| Hashimoto's disease          | <input type="checkbox"/> present | <input type="checkbox"/> past |
| rheumatism                   | <input type="checkbox"/> present | <input type="checkbox"/> past |
| systemic lupus erythematosus | <input type="checkbox"/> present | <input type="checkbox"/> past |
| colitis                      | <input type="checkbox"/> present | <input type="checkbox"/> past |
| Crohn's disease              | <input type="checkbox"/> present | <input type="checkbox"/> past |
| alopecia [baldness]          | <input type="checkbox"/> present | <input type="checkbox"/> past |
| allergy                      | <input type="checkbox"/> present | <input type="checkbox"/> past |
| food allergy                 | <input type="checkbox"/> present | <input type="checkbox"/> past |
| atopic dermatitis            | <input type="checkbox"/> present | <input type="checkbox"/> past |
| neurodermatitis              | <input type="checkbox"/> present | <input type="checkbox"/> past |
| cellulitis                   | <input type="checkbox"/> present | <input type="checkbox"/> past |
| sinus allergy                | <input type="checkbox"/> present | <input type="checkbox"/> past |
| vulvitis                     | <input type="checkbox"/> present | <input type="checkbox"/> past |
| low immunity                 | <input type="checkbox"/> present | <input type="checkbox"/> past |

## EFFECTS OF FOCAL INFECTIONS

- |                   |                                  |                               |
|-------------------|----------------------------------|-------------------------------|
| rheumatic disease | <input type="checkbox"/> present | <input type="checkbox"/> past |
| rheumatic fever   | <input type="checkbox"/> present | <input type="checkbox"/> past |
| arthritis         | <input type="checkbox"/> present | <input type="checkbox"/> past |
| skin disease      | <input type="checkbox"/> present | <input type="checkbox"/> past |

## CONNECTIVE TISSUE OR LIGAMENT DISEASE

- |                          |                                  |                               |
|--------------------------|----------------------------------|-------------------------------|
| myofascial pain syndrome | <input type="checkbox"/> present | <input type="checkbox"/> past |
| fibromyalgia             | <input type="checkbox"/> present | <input type="checkbox"/> past |
| tendinitis               | <input type="checkbox"/> present | <input type="checkbox"/> past |
| ligament issues          | <input type="checkbox"/> present | <input type="checkbox"/> past |
| pericarditis             | <input type="checkbox"/> present | <input type="checkbox"/> past |
| constant slight fever    | <input type="checkbox"/> present | <input type="checkbox"/> past |
| glomerulonephritis       | <input type="checkbox"/> present | <input type="checkbox"/> past |
| plantar fasciitis        | <input type="checkbox"/> present | <input type="checkbox"/> past |
| scarlet fever            | <input type="checkbox"/> present | <input type="checkbox"/> past |

# SYMPTOM LIST [page 3]

## EAR, NOSE + THROAT

- easily catch cold or sore throat  present  past
- swollen glands  present  past
- deafness  present  past
- tinnitus [ringing in ear]  present  past
- itchy ear  present  past
- ear pain  present  past
- frequent ear infections  present  past
- sinus headaches  present  past
- yellow mucus  present  past
- stuffy nose  present  past
- post-nasal-drip  present  past
- dry throat  present  past
- itchy throat  present  past
- constant sinus congestion  present  past
- streptococcal infections  present  past
- sore throat  present  past

## GENERAL

- insomnia  present  past
- psychosomatic weakness  present  past
- exhaustion  present  past
- emotional problems  
angry, irritable,  
depressed, anxious  present  past
- difficulty concentrating  
on a task  present  past
- easily get car sick,  
sea sick or air sick  present  past

## GENERAL [cont'd]

- no appetite for breakfast  present  past
- moody in mornings  present  past
- unusual sweating  
palm, sole or elsewhere  present  past
- never sweat  present  past

## GENERAL | BEFORE NOON

- no energy  present  past
- feel spacey  present  past
- scattered minded  present  past
- energetic all evening  
through midnight, but  
hate to wake up early  
in the morning  present  past
- long shower or bath  
makes you feel dizzy  
or faint  present  past

## MEDICATION + DRUGS

- birth control pills  present  past
- cigarettes  present  past
- alcohol  present  past
- cocaine  present  past
- marijuana  present  past

## LIST OTHER SYMPTOMS:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

PLEASE USE THE SUBMIT BUTTON AT THE TOP OF THE PAGE IN ADOBE READER TO EMAIL THIS FORM DIRECTLY TO THE OFFICE. THANK YOU.