

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.