ACUPUNCTURE
BEST HEALTH OPTION
WELLNESS

(Patient Name)

Patient Form

Revision Sept. 2017

1

Today's date _____/_____/_____

Patient Name _____ Age _____ Date of Birth _____/_____/_____

Patient Address _____

Patient City, State, ZIP _____

Email Address _____

Height _____ Weight _____ Relationship Status _____ Occupation _____

Phone (H) (_____)_____-_____ (W) (_____)_____-_____ Employer _____

Family Physician/OBGYN _____ Phone (_____)_____-_____

Reproductive Endocrinologist _____

Partner's Name _____ DOB ____/____/_____ Phone (H) (____)_____-_____ (W) (____)_____-_____ ❒ This is my emergency contact.

Has your partner received testing? ❒ Yes ❒ No

Is your partner supportive of your decision to conceive? ❒ Yes ❒ No

How did you hear about Best Health Option? ❒ Word of mouth ❒ Internet ❒ Craigslist ❒ Flyer ❒ Ad ❒ Article

Health History

Check whether you or someone in your family have/had the condition. Note the year for conditions you have had.

You Year	Family		You Year	Family	
❒ _____	❒	Cancer	❒ _____	❒	Herpes
- Type(s) _____			❒ _____	❒	AIDS/HIV
❒ _____	❒	Diabetes	❒ _____	❒	Other STD
❒ _____	❒	Hepatitis (A, B, C)	- Type(s) _____		
❒ _____	❒	High Blood Pressure	❒ _____	❒	Rheumatic Fever
❒ _____	❒	Heart Disease	❒ _____	❒	Alcoholism
❒ _____	❒	Stroke	❒ _____	❒	Allergies
❒ _____	❒	Seizure Disorder	- Type(s) _____		
❒ _____	❒	Thyroid Disease	❒ _____	❒	Mental Illness
❒ _____	❒	Asthma	- Type(s) _____		
❒ _____	❒	Pacemaker	❒ _____	❒	Kidney Disease
❒ _____	❒	Osteoporosis	❒ _____	❒	Anemia
			❒ _____	❒	Drug Allergies

Regular Exercise? ❒ Yes ❒ No

❒ Gym ❒ Yoga ❒ Tai Chi or Qigong ❒ Other_____

Check all that apply.

❒ Alcohol ❒ Smoking ❒ Marijuana ❒ Opiates ❒ Other_____

Reproductive History

- ❒ STD
- ❒ Genital Sores
- ❒ Uterine Fibroids
- ❒ Pelvic Adhesions
- ❒ Endometriose
- ❒ PCOS
- ❒ Penile Inflammatory Disease
- ❒ Polyps
- ❒ Prolapsed Uterus
- ❒ Unique Uterine Shape
- ❒ Frequent Bladder Infections
- ❒ Frequent Yeast Infections
- ❒ Vaginal Discharge
- ❒ Yeast infections after taking Clornid or Letrozole
- ❒ Ovarian Cysts
- ❒ Breast Cysts
- ❒ Ectopic Pregnancy

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How long have you been trying to conceive? _____ months _____ years

Have you ever been on medication to assist ovulation? ❒ Yes ❒ No

Was your mother exposed to diethylstilbestrol (DES) during her pregnancy? ❒ Yes ❒ No

Have you been exposed to any environmental toxins or hormones? ❒ Yes ❒ No

Female:

Are you pregnant? ❒ yes ❒ no
Age at first menses: _____
Length of full cycle: _____ days
Length of menses: _____ days
Last menses start date: _____
# of pregnancies _____
# of births _____ premie _____
# of abortions _____
# of miscarriages _____

Have you been charting:
❒ Temperature
❒ Cervical mucus
❒ BBT & other trackers
❒ Use OTC ovulation sticks

Menses

Light Pink ⊢——⊣——⊢ **Dark Purple**
Red

❒ Heavy periods
❒ Light periods
❒ Painful periods
❒ Irregular periods
❒ Mid-cycle spotting
❒ Mood changes
❒ Digestive changes w/mns
❒ Fatigue w/menses
❒ Changes in body/psyche prior to menstruation (PMS)

❒ Cramps
  ❒ Before bleeding
  ❒ First day
  ❒ During period
❒ Clots
❒ Pain with ovulation
❒ Breast tenderness w/cycle

Birth control? ❒ yes ❒ no
type:_____

Have you been diagnosed with luteal phase detect? ❒ yes ❒ no
If yes have you been on Progesterone? ❒ yes ❒ no
Have you been diagnosed as estrogen dominate? ❒ yes ❒ no
Do you use vaginal lubricant? ❒ yes ❒ no
Do you douche? ❒ yes ❒ no

Urinary

Clear ⊢——⊣——⊢ **Dark**
Yellow

Fluid in = fluid out? ❒ yes ❒ no
❒ Urgency to urinate
❒ Frequent urination
❒ Painful urination
❒ Burning urination
❒ Incontinence
❒ Cloudy urine
❒ Kidney stones
❒ Blood in urine

Medications & Supplements

List what medications, herbs, & supplements you take regularly and why.

❒ Multivitamin
❒ B Complex
❒ Bioflavinoids/Anti Inflammatory
❒ Clomid
❒ Letrozole
❒ Lupron
❒ Galirelix
❒ Antibiotics
❒ Other:_____
_____
_____

Are you open to taking Chinese herbal formulas? ❒ yes ❒ no

Procedures/Surgeries

List any surgeries, what they were for & the date.

❒ Laparoscopy
❒ HSG
❒ PSI
❒ IHI
❒ IVF
❒ Sperm penetration assay
❒ Sperm antibody testing (ICSI)
❒ Varicocele correction
❒ Other:_____
_____
_____

Lab Work

Please bring in current results.

❒ FSH level day 3
❒ HCG
❒ Prolactine
❒ TSH, T3 T4
❒ OAR
❒ Estrogen (Estrodil)
❒ Progesterone
❒ AMH
❒ LAC
❒ ACL
❒ MTHFR
❒ Sperm analysis

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Male:

Urinary

Fluid in = fluid out? ❒ yes ❒ no
❒ Decrease in flow
❒ Dribbling
❒ Difficulty starting/stopping
❒ Incontinence
❒ Kidney stones
❒ Urgency to urinate
❒ Frequent urination
❒ Painful urination
❒ Burning sensation
❒ Cloudy urine
❒ Blood in urine

Reproductive

❒ Change in sex drive
❒ Erectile dysfunction
❒ Premature ejaculation
❒ Sores on genitals
❒ Discharge
❒ Prostate disease
❒ Genital pain
❒ Jock itch
❒ Vasectomy
❒ Hernia
❒ Hemorrhoids

Eastern Medical History

Kidney Yin

❒ Low back weakness, soreness pain or knee problems
❒ Ringing in the ears or dizziness
❒ Prematurely gray hair
❒ Vaginal dryness
❒ Scanty or no mid-cycle cervical mucus
❒ Dark circles around eyes
❒ Urinate frequently
❒ Night sweats
❒ Hot flashes
❒ Often fearful

Kidney Yang

❒ Lower back pain, especially before menses
❒ Sore or weak lower back
❒ Cold feed, especially at night
❒ Typically colder than those around you
❒ Low libido
❒ Often fearful
❒ Sleep interrupted by need to urinate # times:_____
❒ Frequent urination: ❒ Dilute ❒ Profuse
❒ Early morning loose or urgent stools?
❒ Profuse vaginal discharge
❒ Dull colored menstrual blood

Blood Deficiency

❒ Light, scanty or late periods
❒ Dry, flaky skin
❒ Chapped lips
❒ Brittle fingernails or toenails
❒ Thinning hair
❒ Brittle or dry hair
❒ Poor night vision
❒ Dizzy or light headed around your period
❒ Pale lips, inside lower eyelids or tongue

Blood Stasis

❒ Brown/black menstrual flow
❒ Mid-cycle pain around ovaries
❒ Painful, unmovable breast lumps
❒ Periodic numbness in hands and feet
❒ Varicose or spider veins
❒ Red spots on skin
❒ Dark or sooty complexion
❒ Chronic hemorrhoids
❒ Menstrual blood contains clots
❒ Diagnosed with endometriosis or uterine fibroids
❒ Tender lower abdomen (palpate)
❒ Abnormal lumps in lower abdomen
❒ Piercing or stabbing menstrual cramps
❒ Seeing dark spots in your eyes
❒ Diagnosed with any vascular abnormality or blood clotting disorder

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Spleen Deficiency

- ❒ Often fatigued
- ❒ Poor appetite
- ❒ Low energy after a meal
- ❒ Feel bloated after eating
- ❒ Crave sweets
- ❒ Loose stools abdominal pain or digestive problems
- ❒ Cold hands and feet
- ❒ Cold nose
- ❒ Prone to feeling heavy or sluggish
- ❒ Foggy or heaviness in the head
- ❒ Bruise easily
- ❒ Poor circulation
- ❒ Varicose veins
- ❒ Weak or heavy arms and legs
- ❒ Prone to worry
- ❒ diagnosed low blood pressure
- ❒ Sweat easily without exertion
- ❒ Light-headed or visual changes when standing quickly
- ❒ Menstruation thin, watery or pinkish
- ❒ Fatigue during ovulation or menstruation
- ❒ Spotting prior to menstruation
- ❒ Diagnosed with uterine prolapsed
- ❒ Bearing down sensation with menstrual cramps
- ❒ Often sick or have allergies
- ❒ Diagnosed hypothyroidism or anemia
- ❒ Hemorrhoids or polyps
- ❒ Pale yellowish complexion

Dampness

- ❒ Tired and sluggish after a meal
- ❒ Fibrocystic breasts
- ❒ cystic or pustular acne
- ❒ urgent or foul smelling stools
- ❒ Menstrual blood contains stringy tissue or mucus
- ❒ Prone to yeast infections and vaginal itching
- ❒ Achy joints
- ❒ Overweight

Damp Heat

- ❒ Foul smelling, yellow or greenish vaginal discharge
- ❒ Prone to vaginal and or rectal itching during the luteal or premenstrual phase

Liver Qi Stagnation

- ❒ Prone to emotional depression
- ❒ Prone to anger or rage
- ❒ Become irritable premenstrually
- ❒ Feel irritable around ovulation
- ❒ Ovulation feels like it last longer than it should
- ❒ Sensitive or sore breasts at ovulation
- ❒ Nipple pain or discharge
- ❒ Premenstrual breast distention or pain
- ❒ Diagnosed with elevated prolactin levels
- ❒ Premenstrual bloating
- ❒ Pupils usually dilated
- ❒ Difficulty falling asleep at night
- ❒ Heartburn or wake with a bitter taste
- ❒ Painful menses
- ❒ Feel menstrual cramps in the external genitalia
- ❒ Thick and dark purplish menstrual blood

Excess Heat

- ❒ Rapid pulse rate
- ❒ Dry mouth and throat
- ❒ Thirsty most of the time
- ❒ Crave icy, cold drinks
- ❒ Often feel warmer than others
- ❒ Weak up sweating
- ❒ Break out with red acne especially premenstrually
- ❒ Short menstrual cycle
- ❒ vaginal irritation or rashes

Heart Deficiency

- ❒ Weak up early in the morning and can't fall back asleep
- ❒ Heart palpitations especially when anxious
- ❒ Nightmares
- ❒ Low in spirit or lacking in vitality
- ❒ Prone to agitation or extreme restlessness
- ❒ Fidget a lot
- ❒ Tip of your tongue is red