Watford Acupuncture Clinic

Online Consultation Questionnaire

### Request for treatment & consent for use of personal data

*\* I request for acupuncture, moxibustion, Chinese herbal medicine, and related treatment at Watford Acupuncture Clinic.*

*\* I consent to Watford Acupuncture Clinic contacting me by post, phone and email and keep me informed about news, events, activities and special offers.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Personal information

|  |  |
| --- | --- |
| Name: | Title: Mr / Mrs / ,Ms |
| Date of Birth: | Age: |
| Date of First Consultation: | Blood Group: |
| First date of Symptoms: | Smoking History: |
| Weight: Kg Hight: cm | Marriage Status: |
| Number of Children: |  |
| Address: | Mobile Number: |
| Email Address: |  |

1. Chief Complain:
   1. Main Symptoms:
   2. When, where and how did the problems start?
   3. Which day did you feel worst in the last 2 weeks?
   4. Have you had any medical examination for your problems? What is the result of the examinations?
   5. Have you had any treatment previously?
2. General Health Condition:

Have you got any chronic health condition?

For example: Diabetes, High blood pressure, Gale Stone, Cancer …

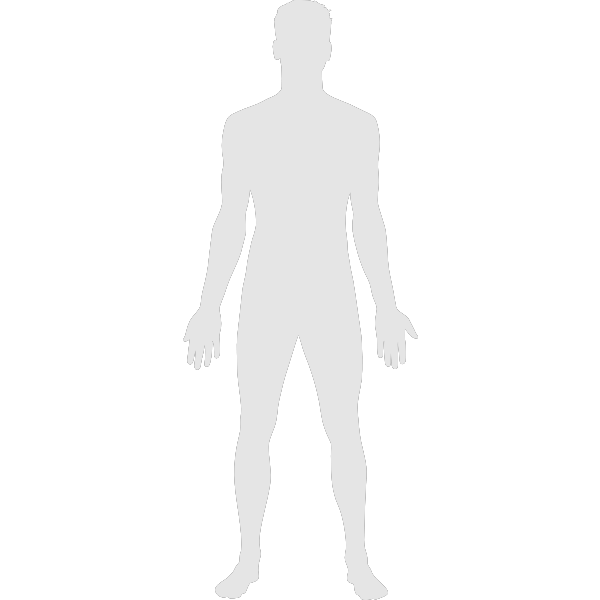
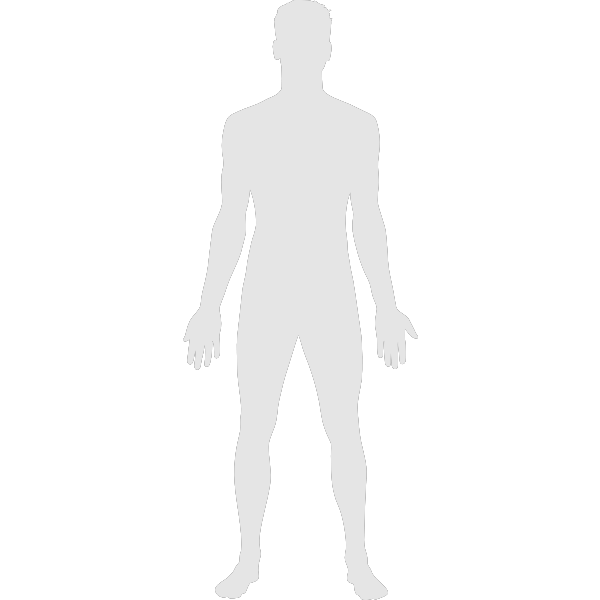
Are you taking any medications?

1. Do you have any of the following symptoms?

after any of the following symptoms if you have it

|  |  |
| --- | --- |
| Symptoms | Do you have it? |
| 1)Taiyang symptoms |  |
| Feeling cold and chilly |  |
| Fever |  |
| Discomfort or cold feeling in the back of neck |  |
| Sweaty or clammy |  |
| Backache |  |
| Achy hands and feet |  |
| Calf spasm |  |
| Pain in the back of head |  |
| Feeling dizzy or light-headed |  |
| Blocked nose |  |
| Sneezing or cough |  |
| Runny nose |  |
| Leaky bladder |  |
|  |  |
| ShaoYang symptoms |  |
| Feeling cold and hot alternatively |  |
| Headache in the temple area |  |
| Nausea or vomiting |  |
| Tinnitus or reduced hearing |  |
| Discomfort in ears |  |
| Dizziness |  |
| Discomfort in the ribcage area |  |
| Achy shoulder |  |
| Feeling thirsty at night |  |
| Bitter taste in mouth at night or in the morning |  |
| Feeling low, depressed or anxious |  |
| Tight or painful rib cabe |  |
|  |  |
| Yangming Symptoms |  |
| Feeling hot or hot flush |  |
| High Temperature |  |
| Feeling thirsty and drinking lots of water |  |
| Dry throat |  |
| Eye discomfort |  |
| Constipation |  |
| Feeling bloated and windy |  |
| Smelly wind |  |
| Stomach pain |  |
| No sweating |  |
| Frequent urination |  |
| Preference to cold water |  |
| Headache in forehead |  |
| Irritable sinus |  |
| Gum pain |  |
| Increased appetite |  |
| Sticky stool |  |
| Hard stool |  |
| Bitter taste in mouth during daytime |  |
| Oily face |  |
| Green nasal discharge |  |
| Green or yellow phlegm |  |
| Grinding teeth at night |  |
| Heavy chest or chest pain |  |
| Heart burn or burning in esophagus |  |
| Anxiety at night |  |
| Stomachache around belly button |  |
| Sweating only on the head or neck |  |
| Sweating in palms or feet |  |
| Itchiness all over the body |  |
|  |  |
| Taiyin symptoms |  |
| Poor appetite |  |
| Feeling cold and chilly |  |
| Loose stool |  |
| Diarrhea |  |
| Bloating in stomach |  |
| Palpitation |  |
| Feeling hungry frequently |  |
| Preference to warm food or drink |  |
| Weakness in arms and legs |  |
| Bloating in stomach after food |  |
| Gum bleeding |  |
| Shaking when you are hungry |  |
| Foamy urination |  |
| Mouth ulcer |  |
| Feeling drowsy |  |
| Swelling arms |  |
|  |  |
| Shaoyin symptoms |  |
| Feeling sleepy during the day |  |
| Sore thoat |  |
| Night sweat |  |
| Losing memory |  |
| Swelling legs |  |
| Insomnia through the night |  |
| Feeling cold in low back and legs |  |
| Cold hands and feet |  |
|  |  |
| Jueyin Symptoms |  |
| Headache on top of the head |  |
| Feeling cold all over the body |  |
| Cold lower abdomen |  |
| Palpitation |  |
| Very cold hands up to the elbows |  |
| Very cold feet up to the knees |  |
|  |  |
| For ladies |  |
| Irregular period |  |
| Early period |  |
| Late period |  |
| Heavy period |  |
| Light period |  |
| Period pain |  |

1. Please mark out where your main symptoms are in the picture below

 FRONT BACK

Please give more details about your conditions here.