WHIDBEY
ACUPUNCTURE
+ HERBS

CONSULT FORM
(CONFIDENTIAL)

Name: Age: Date:

	Severity									
Main Complaint:	1	2	3	4	5	6	7	8	9	10
Additional Complaint:	1	2	3	4	5	6	7	8	9	10
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How long has the Main Complaint been an issue?

Is the severity constant or variable?

How do these health challenges
affect your life?

Have you had to give up anything
you love because of this?

How are you feeling about this?

☐ Worried	☐ Depressed	☐ Frustrated
☐ Angry	☐ Overwhelmed	☐ Afraid
☐ Lonely	☐ Exhausted	☐ Anxious

How motivated are you to resolve this?

What have you tried so far?

Are you willing to modify your diet to get better?

Are you willing to adopt new habits?

Do you have any major medical procedures
or changes in medications coming up?

▫ Your friends or partner might describe you as grumpy, irritable, snippy/snappy, impatient, frustrated, hot tempered, short-fused, easily triggered

▫ You sigh frequently

▫ You have "11" lines between eyebrows (knitted brow)

▫ You have unfulfilled desires and goals in your life.

▫ You blush easily or your face flushes, turns red, feels hot when you get upset/angry.

▫ You have vague discomfort, and/or pain in your chest ribs, or stomach (abdomen).

▫ Fatigue (any time, regular or intermittent, after eating)

▫ Cold hands/fingers/cold nose (constant)

▫ Dizziness especially/specifically when standing up

▫ Weak feeling/lack of strength in arms and legs

▫ Easy bruising (bruises seem to just appear, not sure how)

▫ Carb/sugar/sweets cravings

Bowels:

▫ Formed, Daily, Easy to Pass (if selected, go to next section)

▫ Sticky ▫Wipe more than 3-4 times?

▫ Loose/Unformed

▫ Require deep breathing/pushing to start or go

▫ Incomplete evacuation

▫ Daily ▫ Every 2-3 days ▫ 1X/week

Thirst/Urination:

▫ Mouth feels dry ▫ Cloudy urine

▫ Crave large amounts of liquid (large gulps)

▫ Crave small amounts of liquid (little sips)

▫ Phlegm/mucus (from chest, nose, throat, abnormal vaginal discharge)

▫ Poor night vision/blurry vision ▫Cramping/twitching muscles (esp. calfs in the night)

▫ Dizziness ▫ Poor memory/forgetfulness

▫ Pale nails, brittle nails, ridges/lines on nails

▫ Low Back/Leg/Knees cold/sore/weak

▫ Frequent urination ▫ Wake at night to urinate

▫ Incontinence (leaking urine any time)

▫ Cold feet/toes (constant)

▫ Low libido/Interest in sex

▫ Ringing in the ears/difficulty hearing

▫ Varicose/Spider veins (feet, ankles, legs)

▫ Fixed, sharp/stabbing pain anywhere

▫ Cherry hemangioma (tiny red bumps) ▫Dark skin spots/ Liver spots

▫ Purple lips/spots on lips

Menstruation:(practitioner may ask follow-up questions)

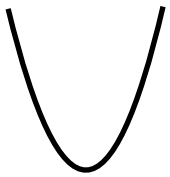
Painful: ▫ Sharp ▫ Fixed ▫ Dull ▫ Achy
Excessive volume: ▫ Yes ▫ No

▫ Mid-cycle spotting ▫ Mid-cycle Pain

▫ Cycle length: ▫20-27 days ▫ 28-33 days ▫ >33 days
Menses: ▫ 1-2 days ▫ 3-7 days ▫ >7 days

▫ Clots in menses

Pulse Dx

Tongue:	**Patterns**:
	

Notes: