

James Y. Hasegawa, L.Ac.
Oriental Medicine Intake Form for New Patient

Please complete the following as accurately as possible **in print**:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Sex: M / F Date of Birth _____ Occupation: _____

Telephone Numbers: _____ (Home) _____ (Work/Other)

Referred by: _____ E-mail address: _____

Emergency Contact: _____ Phone: _____

Present Illness:

Today's Date: _____

What is your chief complaint? _____

When did this condition begin? _____

What was the medical diagnosis? _____

What treatments have you received? _____

What are your secondary complaints? _____

Medical History:

What surgeries have you had? And when did you have them? Has there been any repercussions or relation to the current problem?

What other serious injuries or illnesses have you had? And when did you have them?

What allergies do you have that you're aware of?

What medications are you taking? What are the dosages?

What nutritional supplements (including herbs, vitamins, minerals, and homeopathic remedies) are you taking?
Please state the names and dosages.

Family History:

Which of the following diseases have your blood relatives had? Please indicate your relationship.

| | |
|---------------------|--|
| Stroke | |
| Cancer | |
| Heart Disease | |
| Tuberculosis | |
| Bleeding Disorders | |
| Diabetes | |
| High Blood Pressure | |

General Health History:

Please indicate if you presently have, or in the past, had any of the following. Please note the year(s) of occurrence.

| | | | |
|------------------------------------|--|--|--|
| Anemia or other blood disorder | | History of drinking alcohol | |
| Asthma | | History of recreational drug use | |
| Bleeding disorder | | History of smokeless tobacco use | |
| Cancer (indicate type) | | History of smoking | |
| Cardiac pacemaker | | Hoarseness | |
| Change in bowel or bladder habits | | Indigestion | |
| Cold sores | | Irritable Bowel Syndrome (IBS) | |
| Colitis | | Jaundice | |
| Congenital abnormalities | | Kidney disease | |
| Cough | | Lupus Erythematosus | |
| Crohn's Disease | | Obvious change in a wart or mole | |
| Diabetes mellitus | | Pancreatitis | |
| Difficulty swallowing | | Peptic ulcer | |
| Disorder of the genitals | | Pneumonia | |
| Emphysema | | Respiratory disease | |
| Epilepsy or convulsions | | Rheumatic fever | |
| Epstein Barr Virus (EBV) | | Sexually Transmitted Diseases (STDs) | |
| Fibromyalgia | | Skin diseases | |
| Gallstones | | Sores that won't heal | |
| Genital Herpes | | Stroke | |
| Gynecological disorder | | Surgical implants | |
| Heart disease | | Thyroid disorder | |
| Hemorrhoids | | Tuberculosis | |
| Hepatitis | | Unusual bleeding or discharge | |
| Hernia | | Urinary bladder problems or infections | |
| High blood pressure (hypertension) | | | |

If your conditions are not listed above, please note them below:

Gynecological History:

Age of first period: _____ Vaginal discharge: _____

Length of cycle (day 1 to day 1): _____ Length of flow (days): _____

Date of last period: _____

Do you have any of the following? If so, please indicate how long have you had it, the duration, and frequency of occurrence:

| | | | |
|-------------------------------|--|---|--|
| Breast cysts | | Infertility | |
| Breast pain | | Menstrual blood clots | |
| Breast swelling | | Menstrual cramps | |
| Emotional changes with period | | PMS | |
| Excessive bleeding | | Vaginal yeast (<i>Candida</i>) infections | |
| Hot flashes | | | |

Pregnancy History:

Are you pregnant? Yes _____ No _____ Maybe _____

Please indicate year of occurrence:

| Pregnancies | Births | Terminated / Unsuccessful Pregnancies |
|-------------|--------|---------------------------------------|
| | | |

Urological History:

Do you have any of the following? If so, please indicate how long you have had it, the duration, and frequency of occurrence:

| | | | |
|---------------------------------------|--|-----------------------|--|
| Impotence / Erectile Dysfunction (ED) | | Premature ejaculation | |
| Infertility | | Prostate problems | |