

Turtle Moon Acupuncture, PLLC

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl OM, DACM, LAc

The Garden

434 Church St

Saratoga Springs, NY 12866

(206) 579-8267

NY AC Lic # 004758

Confidential Patient Health History Questionnaire

Today's Date _____

Name _____

Best Phone Number to Reach You _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Age _____ Date of Birth _____ Birthplace _____

Height _____ Weight _____

Marital/Partnership Status _____

Profession/Occupation _____

Family Physician _____ Referred By _____

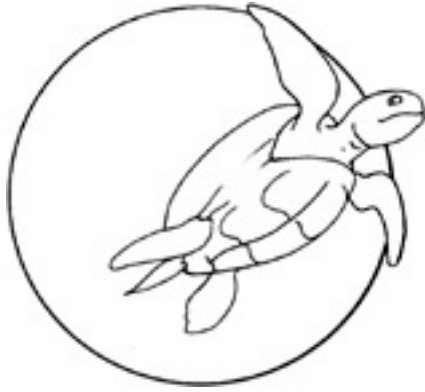
Emergency Contact _____ Phone _____

Relationship to Patient _____

Have You Been Treated By Acupuncture or East Asian Medicine Before? Yes No

Main Problem(s) you would like help with: _____

How long ago did this problem begin (be specific)? _____



Turtle Moon Acupuncture, PLLC

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl OM, DACM, LAc

The Garden

434 Church St

Saratoga Springs, NY 12866

(206) 579-8267

NY AC Lic # 004758

To what extent does this problem interfere with your daily activities (work, sleep, etc)? _____

Have you been given a diagnosis for this problem: If so, what? _____

What kinds of treatment have you tried? _____

Past Medical History (please include date)

Cancer _____ Diabetes _____ Hepatitis _____

Blood Pressure High/Low _____ / _____ Rheumatic Fever _____

Thyroid Disease _____ Seizures _____ STDs _____

HIV/AIDS _____ Other _____

Surgeries (type of, and date) _____

Significant Trauma (auto accidents, falls, etc) _____

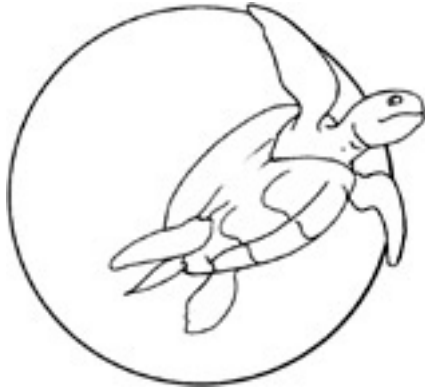
Significant Dental Work (type and date) _____

Allergies (drugs, chemicals, foods/result) _____

Family Medical History (check): Diabetes Cancer High Blood Pressure

Heart Disease Stroke Seizures Asthma Allergies

Other _____



Turtle Moon Acupuncture, PLLC

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl OM, DACM, LAc

The Garden

434 Church St

Saratoga Springs, NY 12866

(206) 579-8267

NY AC Lic # 004758

Medicines taken within the last two months (vitamins, drugs, herbs, etc)

Name of Medication/Supplement

Reason for Taking It

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Occupational Stress (physical, chemical, psychological, etc) _____

Do you have a **regular exercise program**? Yes No Please Describe _____

Have you ever been on a **restricted diet**? Yes No What Kind? _____

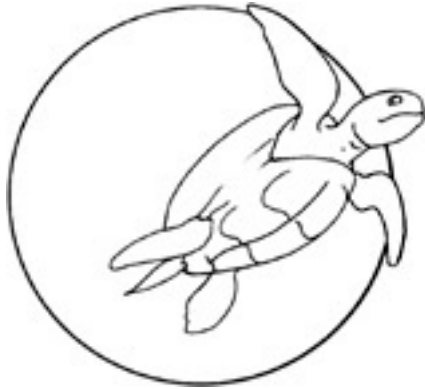
Are you a smoker? Yes No Quit

If so, how many **packs of cigarettes** do you smoke per day? _____/day

How many caffeinated beverages (**coffee, cola, energy drinks**) do you drink per day? _____/day

How much **alcohol** do you drink per week? _____/week

Please describe any use of recreational drugs _____



Turtle Moon Acupuncture, PLLC

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl OM, DACM, LAc

The Garden

434 Church St

Saratoga Springs, NY 12866

(206) 579-8267

NY AC Lic # 004758

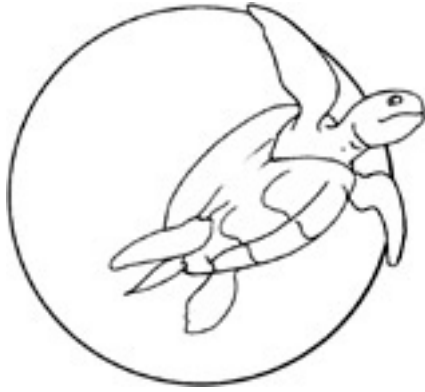
Please note the severity of your main problem now:

No Problem Worst Imaginable

Please note the severity of your main problem within the last week:

No Problem Worst Imaginable

Comments (please mention any other problems or concerns you would like to discuss)



Turtle Moon Acupuncture, PLLC

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl OM, DACM, LAc

The Garden

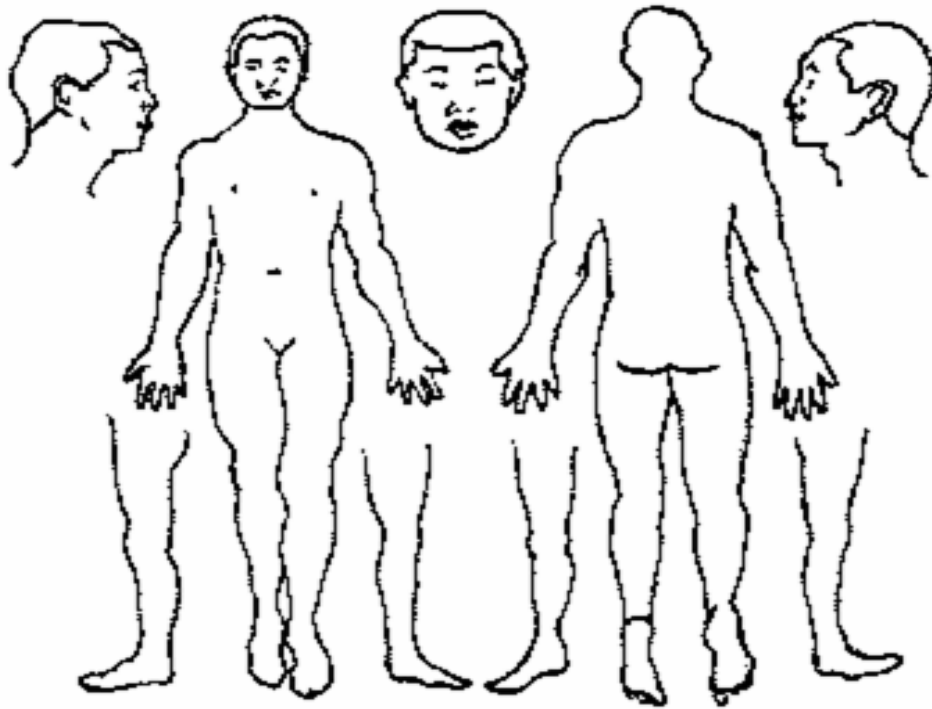
434 Church St

Saratoga Springs, NY 12866

(206) 579-8267

NY AC Lic # 004758

Indicate painful or distressed areas



Please check any problems you have had in the last three months:

General

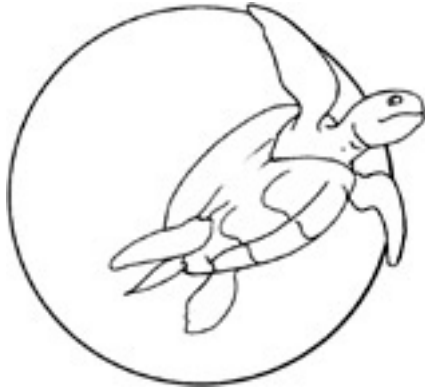
- Poor appetite
- Fevers
- Sweat easily
- Localized weakness
- Bleed or bruise easily
- Peculiar tastes or smells
- Strong thirst (cold or hot)
- No desire to drink
- Sudden energy drop
When? _____
- Poor sleep

- Chills
- Tremors
- Poor balance
- Fatigue
- Night sweats
- Cravings
- Change in appetite
- Weight gain
- Weight loss

Skin and Hair

- Rashes

- Itching
- Dandruff
- Change in hair or skin
- Ulcerations
- Eczema
- Loss of Hair
- Hives
- Pimples
- Recent moles
- Warts
- Other hair or skin problems



Turtle Moon Acupuncture, PLLC

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl OM, DACM, LAc

The Garden

434 Church St

Saratoga Springs, NY 12866

(206) 579-8267

NY AC Lic # 004758

Musculoskeletal

- Muscle pain
- Muscle weakness
- Neck pain
- Shoulder pain
- Hand/wrist pain
- Back pain
- Hip pain
- Knee pain
- Foot/ankle pain

Cardiovascular

- High blood pressure
- Irregular heartbeat
- Cold hands or feet
- Blood clots
- Low blood pressure
- Dizziness
- Swelling of hands
- Swelling of feet
- Phlebitis
- Chest pain
- Fainting
- Difficulty in breathing
- Other heart or blood vessel problems _____

Head, Eyes, Ears, Nose, & Throat

- Dizziness
- Poor vision
- Cataracts
- Eye strain
- Night blindness
- Blurry vision
- Spots in front of eyes
- Eye pain
- Color blindness
- Earaches
- Ringing in ears (tinnitus)
- Poor hearing
- Sinus problems
- Grinding teeth

- Teeth problems
- Jaw clicks
- Facial pain
- Nose bleeds
- Recurrent sore throats
- Sores on lips or tongue
- Concussions
- Migraines
- Headaches - where and when _____
- Other head or neck problems _____

Respiratory

- Cough
- Bronchitis
- Pneumonia
- Asthma
- Tuberculosis
- Pain with a deep breath
- Difficulty in breathing when lying down
- Production of phlegm what color _____
- Coughing blood
- Other lung problems _____
- Approximately when was your last cold or flu? _____

Gastrointestinal

- Nausea
- Constipation
- Diarrhea
- Chronic laxative use
- Bad breath
- Belching
- Burning sensation
- Abdominal pain or cramps
- Vomiting

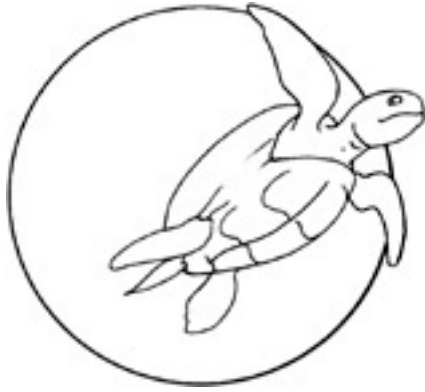
- Gas
- Indigestion
- Blood in stools
- Black stools
- Rectal pain
- Rectal burning
- [?] Anal Prolapse
- Hemorrhoids
- Other stomach / intestinal problems _____

Pregnancy and Gynecology

- Number of pregnancies _____
- Number of births _____
- Premature births _____
- Miscarriages _____
- Abortions _____
- Age at first menses _____
- Days between menses _____
- Duration _____
- First day of last menses _____

- Unusual character (heavy or light)
- Painful periods
- Vaginal discharge What color? _____
- Changes in body/psyche prior to menstruation
- Clots
- Vaginal sores
- Irregular periods
- Last Pap _____
- Breast lumps
- Fibroid Cysts
- Are you sexually active? _____
- Do you practice birth control?
 - Yes
 - No
 - N/A
- What type and for how long? _____

- Other Gynecology related concerns _____



Turtle Moon Acupuncture, PLLC

Acupuncture * Herbal Medicine * Qi Gong * Tui Na

Dana Balassi, Dipl OM, DACM, LAc

The Garden

434 Church St

Saratoga Springs, NY 12866

(206) 579-8267

NY AC Lic # 004758

Genito-urinary

- Pain on urination
 - Urgency to urinate
 - Frequent urination
 - Unable to hold urine
 - Urinary difficulty
 - Impotency
 - Blood in urine
 - Kidney stones
 - Sores on genitals
 - Other genital or urinary system problems _____
-

Do you wake up to urinate?

Yes No

How often? _____

Any particular color to your urine? _____

Neuropsychological

- Seizures
- Stroke
- Tremors
- Fainting spells

Areas of numbness

Concussion

Poor memory

Dizziness

Vertigo

Loss of balance

Lack of coordination

Depression

Easily stressed

Bad temper

Anxiety

Difficulty concentrating

Other neurological or psychological concerns
