Health History

Date of Visit:

New England Community Acupuncture

Woburn
323 New Boston St.
Suite 2
Woburn, MA 01801
781.933.8088

North Andover
27 Charles St.
2nd Floor
North Andover, MA 01845
978.258.0427

Name:		Contact - Cell:
Street:		Home:
City:		Work:
State:	Zip:	Email:
DOB:	Height:	Occupation:
Age:	Weight:	Physician:
Emergency Contact - Name & Phone Number:		
How did you hear about NECA:		

Main Complaint(s): 1- 2- 3-
How long ago did this begin:
Have you consulted a physician:
Have you been given a diagnosis, if so, what:
What forms of treatment have you tried:
Have you tried acupuncture or Chinese herbal medicine before:

Past Medical History - Please circle all applicable to you:				
Cancer	Diabetes	Hepatitis A, B, C	High Blood Pressure	Heart Disease
HIV	Seizures	Auto Immune	Thyroid Disease	Pace Maker
Depression	IBS	Hysterectomy	Kidney Disease	Prostate Issues
Significant Trauma, auto accidents, injuries:				
Surgeries and Dates:				
Other Significant Illness(es):				

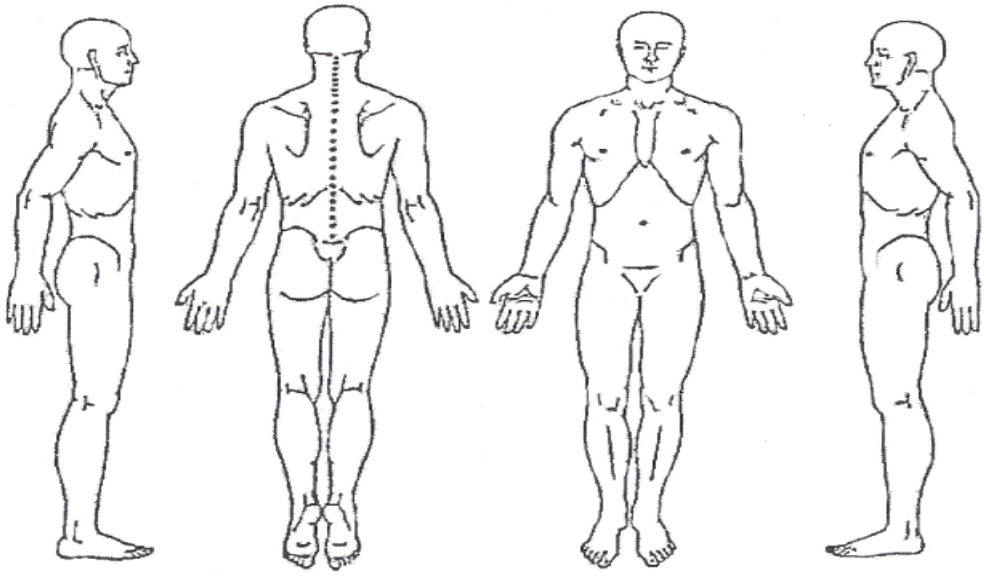
Medications:(include prescription, OTC, vitamins, herbs etc)

Do you currently take a multivitamin or antioxidant? Yes No

Average Diet		
Morning	Afternoon	Evening

Daily Health - Habits
Do you smoke? Yes No - If yes, how much?
How much soda do you drink in a week?
Do you drink Diet beverages?
Is more than 25% of your diet frozen, canned, boxed or processed foods? Yes No
How much water do you drink in a day?
How much coffee do you drink in a day?
How much alcohol do you drink in a week?
Describe how you feel about your appetite - Too Good Just Right Not Good Enough
Average number of hours of sleep per night?

Please indicate areas of pain



General

- [ ] Fevers
- [ ] Sweat Easily
- [ ] Night Sweats
- [ ] Running Warm
- [ ] Running Cold
- [ ] Strange Tastes or Smells
- [ ] Cravings
- [ ] Change in Appetite
- [ ] Weight Loss
- [ ] Weight Gain
- [ ] Poor Sleep
- [ ] Fatigue
- [ ] Sudden Energy Drop
- [ ] Cold Hands Feet
- [ ] Strong Thirst

Skin and Hair

- [ ] Rashes
- [ ] Itching
- [ ] Dandruff
- [ ] Dry Skin
- [ ] Brittle Nails
- [ ] Ulcerations
- [ ] Oozing Ulcers
- [ ] Eczema
- [ ] Psoriasis
- [ ] Hair Loss
- [ ] Hives
- [ ] Recent Moles
- [ ] Discoloration
- [ ] Infection
- [ ] Other:

Head

- [ ] Dizziness
- [ ] Vertigo
- [ ] Ringing in Ears
- [ ] Ear Blockage
- [ ] Facial Pain
- [ ] Teeth Grinding
- [ ] TMJ
- [ ] Cankersores - Mouth Ulcer
- [ ] Poor Vision
- [ ] Eye Tenderness
- [ ] Eye Twitching
- [ ] Eye Tearing
- [ ] Dry Eyes
- [ ] Spots/Floaters in Vision
- [ ] Poor Night vision
- [ ] Cataracts
- [ ] Migraines
- [ ] Tension Headaches
- [ ] Sinus Congestion
- [ ] Sore Throats
- [ ] Post Nasal Drip
- [ ] Nose Bleeds
- [ ] Cloudy Fogginess
- [ ] Concussion

Cardiovascular

- [ ] Chest Pain/Tightness
- [ ] Irregular Heartbeat
- [ ] High / Low Blood Pressure
- [ ] Fainting
- [ ] Cold Hands or Feet
- [ ] Swelling in Limbs
- [ ] Blood Clots
- [ ] Peripheral Artery Disease
- [ ] Varicose Veins

Respiratory

- [ ] Cough
- [ ] Coughing Blood
- [ ] Bronchitis
- [ ] Asthma
- [ ] Difficulty Breathing
- [ ] Wheezing
- [ ] Production of Phlegm
- [ ] Pneumonia
- [ ] Short of Breath

Gastrointestinal

- [ ] Nausea
- [ ] Vomiting
- [ ] Indigestion
- [ ] Acid Reflux
- [ ] Bloating
- [ ] Other:
- [ ] Gas
- [ ] Belching
- [ ] Diarrhea
- [ ] Constipation
- [ ] Sluggish Bowel
- [ ] Abdominal Pain - Cramps
- [ ] Rectal Pain - Burning
- [ ] Hemorrhoids
- [ ] Blood in Stool
- [ ] Undigested Food in Stool

Urinary

- [ ] Frequent Urination
- [ ] Urgency to Urinate
- [ ] Incontinence
- [ ] Dark Color to Urine
- [ ] Pain Upon Urination
- [ ] Blood in Urine
- [ ] Frequent UTIs
- [ ] Strong Odor to Urine
- [ ] Inability to Empty Bladder
- [ ] Weak Stream
- [ ] Kidney Stones
- [ ] Frequent Night Urination

Male Health

- [ ] Impotence
- [ ] Premature Ejaculation
- [ ] Enlarged Prostate
- [ ] Low Sperm Count
- [ ] Low Motility
- [ ] Testicular Pain
- [ ] Low Libido
- [ ] STDs
- [ ] Other:

Female Health

Are you or is it possible that you're pregnant:
# of Live Births:
# of Miscarriages:

Age of first period:
Days between Day 1 of period:
Using Birth Control:

Duration of Period:

- [ ] Heavy Period
- [ ] Light/Scanty Period
- [ ] Painful Period
- [ ] Breast Tenderness
- [ ] Period begins with spotting
- [ ] Uterine Fibroids
- [ ] Ovarian Cysts
- [ ] Endomitriosis
- [ ] Clots in Blood Flow
- [ ] PMS
- [ ] Vaginal Discharge
- [ ] Frequent Yeast Infections
- [ ] STDs
- [ ] Infertility Issues
- [ ] Spotting During Ovulation

Musculoskeletal

- [ ] Neck Pain
- [ ] Shoulder Pain
- [ ] Back Pain
- [ ] Sciatica
- [ ] Hand / Wrist Pain
- [ ] Foot / Ankle Pain
- [ ] Hip Pain
- [ ] Knee Pain
- [ ] Overall Muscle Achiness
- [ ] Muscle Weakness
- [ ] Herniated Discs
- [ ] Other:

Neurological

- [ ] Seizures
- [ ] Stroke
- [ ] Concussion
- [ ] Other:
- [ ] Dizziness / Vertigo
- [ ] Loss of Balance
- [ ] Confusion
- [ ] Areas of Numbness
- [ ] Tremors
- [ ] Neuropathy - Nerve Pain

Emotions

- [ ] Depression
- [ ] Anxiety
- [ ] Anger
- [ ] Insomnia - mind racing
- [ ] Fearful
- [ ] Phobias
- [ ] Panic Attacks
- [ ] Cloudy Foggy Mind
- [ ] Other:

Are you currently being treated for emotional or psychological issues:

Have you ever considered or attempted suicide?

CONSENT TO TREATMENT

I, _____, hereby authorize the acupuncturist's of New England Community Acupuncture, Inc. to administer treatment of acupuncture, adjunctive techniques and herbal medicine relevant to my diagnosis. The patient has the right to refuse any form of treatment. I understand that acupuncturists practicing in the state of Massachusetts are not primary care providers and that regular primary care by a licensed physician is an important choice that is strongly recommended. Treatment may include but is not limited to the following:

1. Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations.
2. Heat treatments using conventional heat lamp or moxibustion (Artemesia Vulgaris). With any heat treatment exists the risk of burn.
3. Massage technique of gua sha. This technique may cause redness on the skin at the sight of treatment. Slight bruising and tenderness may persist after the treatment.
4. The placement of suction cups on the skin. These cups may produce a red or purple mark on the skin at the sight of the cup. Slight bruising or tenderness may persist after the treatment.
5. Electrical stimulation of the needles may be used producing a tapping sensation at the needle location.
6. Herbal medicine, administered in various forms including tablets, capsules, extract powders, raw herbs and liniments. These herbs are taken orally and/or topically. Some patients may experience side effects including but not limited to upset stomach or nausea.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment and have been given the opportunity to ask questions pertaining to the treatment. I also understand there is always a possibility of an unexpected complication including infection or pneumothorax and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that no guarantee can be made concerning the results of treatment.

Signature of Patient or Legal Guardian: (must be 18 years of age)

_____

Printed Name of Patient: _____

Dear Valued Patients:

NECA treats a large patient base and sometimes needs to turn patients away because our schedule is full. In order for us to provide affordable care we are largely dependent upon you keeping your scheduled appointment.

We ask that you please be sensitive to our mission, the needs of our clinic, and the time of our professional staff.

All appointments that are cancelled with less than 24 hours notice, or are missed altogether without letting our front desk know, will be charged a $10.00 fee payable at the next visit.

We do recognize that real emergencies happen, and would be happy to consider these on an individual basis. Thanks for understanding and in doing so, helping us to keep our fees as low as possible.

We appreciate your business.

Thank you. The NECA Family ☺

Signature _____

Date _____