



Acupuncture and Oriental Medicine

Brenda Grewel RN. L.Ac.
(612) 850-1305

New Brighton Community Center • 400 10th St. NW #229 • New Brighton, MN 55112

Blending Ancient Eastern Medicine WITH WESTERN MEDICAL EXPERIENCE

YOUR HEALTH HISTORY

Please complete your health history and bring it to your first appointment with Brenda.

Name _____ Date _____

Address _____ City _____ Zip Code _____

Phone(H) _____ Cell _____ Work _____ Birthdate _____

Occupation _____ Referred by _____

E mail _____

Insurance Co _____ Physician _____ Clinic _____

Notify in case of emergency _____ Phone _____

Reason for acupuncture treatments _____

Medical History:

Surgeries, Significant Traumas, Illnesses and Western Medical Diagnosis

Prescription Medications:

Other over the counter medications and nutritional supplements:

Family Medical History (circle where appropriate, indicate family member)

- | | | |
|----------|-------------------|-----------------------|
| Diabetes | Heart Disease | Cancer |
| Stroke | Allergies | High blood pressure |
| Seizures | Drug and/or | Mental illness |
| Asthma | Alcohol addiction | Gall bladder problems |

Do you have a pacemaker?

Do you have any bleeding disorders?

Energy	Occasional	Frequent	Sleep	Occasional	Frequent
Fatigue (morning)			Trouble falling asleep		
Fatigue (afternoon)			Wake up a lot		
Fatigue (evening)			Wake early		
			Pleasant dreams		
			Unpleasant dreams		

Name _____

Hot/Cold	Occasional	Frequent		Occasional	Frequent
General warmth			General cold/chills		
Night sweats			Cold hands/feet		
Warm at night			Thirsty for cold		
Perspire easily			Thirsty for hot		

Emotions	Occasional	Frequent		Occasional	Frequent
Stress/anxiety			Dull/unclear thinking		
Panic attacks			Indecisive		
Worry			Poor memory		
Fearful			Obsessive		
Phobias			Bipolar		
Depressed			Manic tendencies		
Irritable			Grief		

Head/eyes/ears	Occasional	Frequent		Occasional	Frequent
Eyes:(circle) blurry, itchy, dry, red, floaters			Post nasal drip		
Sinus congestion			Dry mouth		
Sinus headaches			Jaw pain		
Sore throat			Dental problems		
Colds			Mouth sores		
Tension headaches			Seizures		
Migraines			Dizziness		
Lump in throat			Ears ringing		

Chest/Lung/Heart	Occasional	Frequent		Occasional	Frequent
Cough			Heart races		
Asthma			Heart skips		
Chest colds			Heart murmur		
Chest pain			Hard to breathe		

Digestion	Occasional	Frequent		Occasional	Frequent
Bloating			Hard stools		
Belching			Constipation		
Reflux			Loose stools		
Gas			Watery stools		
Nausea			Vegetarian		
Vomiting			Special diet		
Good appetite			Weight gain		
Poor appetite			Weight loss		
Abdominal cramps			Prolapsed organs		
Hemorrhoids			Pain under ribs		
			Tired after eating		

Limbs/Back	Occasional	Frequent		Occasional	Frequent
Muscles weak			Spasms		
Lump/bumps			Tremors		
Upper back pain			Stiff neck		
Mid back pain			Stiff joint		
Low back pain			Swollen feet		
Tingling			Knee pain		
Numbness			Weak knees		
			Joint pain		

Name _____

Please list areas of pain in more detail

Women	Occasional	Frequent		Occasional	Frequent
Regular period			Cysts/fibroids		
Irregular period			Vaginal discharge		
Cramps			Yeast infection		
Breast pain			Genital sores		
PMS			Genital warts		

Could you be pregnant now? (circle) Yes No Number of pregnancies _____

live births: # miscarriages # abortions # premature births # C sections

Periods:

Age started _____ Flow (number of days): _____ Length of cycle _____

Flow (circle one) Light Medium Heavy Blood clots (circle one) No Some Many Age of menopause

Men	Occasional	Frequent		Occasional	Frequent
Genital rash/itch			Sexual dysfunction		
Genital pain			Prostate problems		

Urine	Occasional	Frequent		Occasional	Frequent
Frequent			Burning urine		
Up at night			Can't control		
Cloudy			Infections		

Miscellaneous	Occasional	Frequent		Occasional	Frequent
Bruise easily			Skin rash		
Acne			Skin lesions		
Premature gray			Alcohol		
Tobacco			Street drugs		