

Vermont Chinese Acupuncture Health Questionnaire

Name _____

Date _____

Review of Systems

<p><u>GENERAL</u> Are you usually tired or worn out? _____ Morning _____ Evening _____ Poor Appetite _____ Always or frequently thirsty? _____ Special diet? _____ Recent weight gain or loss? _____ Usually feel colder than others? _____ Hotter? _____ Perspire easily with exercise? _____ Night sweats? _____ Difficulty sleeping? _____ Falling asleep? _____ Waking up? _____</p> <p><u>SKIN</u> Itching? _____ Rashes? _____ Dry skin? _____ Sores? _____ Other _____</p> <p><u>EYES</u> Poor Vision? _____ Glaucoma _____ Dry eyes? _____ Tearing? _____</p> <p><u>ENT</u> Hearing loss? _____ Ringing? _____ Chronic nasal congestion? _____ Constant dry throat? _____</p>	<p><u>RESPIRATORY</u> Asthma? _____ Emphysema? _____ Constant cough? _____ Blood? _____ Shortness of breath? _____ Smoke? _____</p> <p><u>CARDIOVASCULAR</u> High blood pressure? _____ Palpitations? _____ Chest pain? _____ Leg cramps? _____ Varicose veins _____</p> <p><u>MUSCULOSKELETAL</u> Structural misalignments? _____ Neck pain? _____ Stiffness? _____ Shoulder pain? _____ Stiffness? _____ Back pain? _____ Joint pain? _____ Stiffness? _____ What brings on pain? _____ (weather, cold, exercise, etc) What relieves pain? _____</p> <p><u>GASTROINTESTINAL</u> Bad taste in mouth? _____ Trouble swallowing? _____ Indigestion, heartburn? _____ Loss of appetite? _____</p>
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Recurrent sore on lips, tongue, cheeks? _____	Abdominal pain? _____
Do you grind your teeth? _____ TMJ _____	Bloated after meals? _____
<u>GASTROINTESTINAL (CONT'D)</u>	<u>WOMEN</u>
Diarrhea? _____ Constipation? _____	Irregular periods? _____ Heavy? _____
Both? _____ Black stools? _____	PMS? _____ Menopause? _____
Rectal pain? _____ Burning? _____	Pregnant? _____
<u>BOWEL MOVEMENTS</u>	<u>MEN</u>
Daily _____	Prostate problems? _____
Other _____	Itching? _____ Pain? _____
Formed _____	Vasectomy? _____ Other? _____
Soft _____	
Hard _____	
<u>URINE QUANTITY</u>	
More than 5X a day _____	
Less than 5X a day _____	
<u>URINE COLOR</u>	
Pale _____	
Dark _____	
<u>EMOTIONAL</u>	
Feel blue? _____ Tired? _____	
Angry? _____ Shouting? _____	
Moody? _____ Afraid? _____	
Generally happy at work? _____	
Generally happy at home? _____	
Stress? _____	