

Harmony & Health

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Patient Intake Form

Acupuncture

(512)921-9899

HarmonyAndHealth.com

Have you seen another healthcare practitioner for the pain/condition? Yes No If yes, who? _____

Check all that apply

Past: in the past 3 months

Current: Now and a week ago

ENERGY AND IMMUNITY

Past Current Condition

- Fatigue
- Catch cold easily
- Fevers
- Chills
- Sweat easily
- Night sweats
- General weakness
- Cravings
- Poor balance
- Slow wound healing
- Chronic infection
- Cold hands/feet
- Peculiar tastes
- Strong thirst
[Cold or Hot drinks]
- Sudden energy drop

SLEEP

Past Current Condition

- Trouble falling asleep
- Trouble staying asleep
- Nightmares
- Tired upon waking
- Excessive dreaming

What hour do you go to sleep? _____

What hour do you wake up? _____

SKIN & HAIR

Past Current Condition

- Rashes
- Acne
- Ulcerations
- Dandruff
- Dry skin/scalp
- Bleed or bruise easily
- Itching
- Recent moles
- Loss of hair
- Other: _____

HEAD & NECK

Past Current Condition

- Dizziness/Vertigo
- Headache/Migraine
- Paining
- Facial pain
- Swollen gland
- Other: _____

EARS

Past Current Condition

- Infections
- Earaches
- Ringing
- Decreased hearing
- Other: _____

EYES

Past Current Condition

- Blurred vision
- Vision changes
- Poor night vision
- Spots
- Cataracts
- Eye strain
- Eye pain
- Glasses/contacts
- Eye inflammation
- Other: _____

NOSE, THROAT, MOUTH

Past Current Condition

- Nose bleeds
- Sinus problems
- Sore throat
- Grinding teeth
- Difficulty swallowing
- Sores on lips/tongue
- Teeth problems
- Jaw clicks/TMJ
- Other: _____

CARDIOVASCULAR

Past Current Condition

- High blood pressure
- Low blood pressure
- High cholesterol
- Palpitations
- Chest pain
- Irregular heart beat
- Rapid heart beat
- Fainting
- Difficulty breathing
- Varicose veins
- Other: _____

RESPIRATORY

Past Current Condition

- Asthma/Wheezing
- Allergies
- Cough
- Short of breath
- Bronchitis
- Pneumonia
- Other: _____

GASTRO-INTESTINAL

Past Current Condition

- Poor appetite
- Excessive appetite
- Nausea/Vomiting
- Constipation
- Diarrhea
- Abdominal pain/cramps
- Belching
- Bad breath
- Bloating
- Gas
- Heartburn
- Hemorrhoids
- Gallbladder problems
- Chronic laxative use

Bowel movements:

Frequency _____

Color _____

Odor _____