

Harmony & Health

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Patient Intake Form

Acupuncture OM

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HarmonyAndHealth.com

Texture/Form: Well-formed

Hard

Loose

Watery

Feels complete? Yes No

GENITO-URINARY

Past Current Condition

- Kidney stones
- Painful / Burning urination
- Frequent urination
- Urgency to urinate
- Unable to hold urine
- Retention of urine
- Dribbling
- Profuse urination
- Blood in urine
- Urinary tract infection
- Genital pain
- Genital itching
- Genital rashes
- Other: _____

NEUROLOGICAL

Past Current Condition

- Seizures
- Tremors
- Numbness / tingling of the limbs
- Concussions
- Loss of balance
- Poor memory
- Poor concentration
- Paralysis
- Lack of coordination
- Other: _____

PSYCHOLOGICAL

Past Current Condition

- Sadness
- Nervousness
- Fear
- Anxiety/Panic attacks
- Frequent worrying
- Irritability
- Bad temper

Mood swings

Mania

Depression

MUSCULOSKELETAL

Past Current Condition

- Joint disorders
- Paralysis
- Muscle weakness
- Muscle spasm/ twitching/ cramps
- Muscle soreness/ pain
- Swelling of hands/feet
- Spinal curvature
- Hernia
- Other: _____

FOR MEN ONLY

Past Current Condition

- Prostatitis
- Benign prostatic hyperplasia
- Erectile dysfunction
- Testicular pain
- Frequent seminal emission
- Nocturnal emissions
- Painful / swollen testicles
- Low sex drive
- Low sperm count
- Poor sperm motility
- Fertility problems
- Other: _____

FOR WOMEN ONLY

Is your menstrual cycle regular?

Yes No

Date of last period: _____

Length of menstrual period: _____

Length of cycle: _____

Age of first period: _____

Do you practice birth control? _____

Yes No

If Yes, what type and for how long?

Are you pregnant now? Yes No

Do you have the following menstrual related signs and symptoms?

- Abdominal cramps
- Lower back pain
- Acne
- Breast distension
- Nausea
- Water retention
- Mood swings
- Irritability
- Food cravings
- Migraines
- Changes in bowel movement
- Clots
- Spotting between periods
- Other: _____

Check all that apply:

- Vaginal itching
- Vaginal dryness
- Pain during intercourse
- Abnormal vaginal discharge
- Fibroids
- Ovarian cysts
- Breast lumps
- Fertility problems
- Hot flashes
- Low sex drive
- Abnormal pap smear
- Other: _____

Indicate number of occurrences:

Pregnancies: _____

Live Births: _____

Miscarriages: _____

Abortions: _____

Premature births: _____

C-section: _____

Difficult delivery: _____

Perimenopause since _____

Menopause: since when? _____

Signature: _____

Date: _____