



ACUPUNCTURE QUESTIONNAIRE
SYMPTOMS, TRAITS AND PREFERENCES CHECKLIST

Check any and all of the following that apply to you or are things you wish to discuss.

- General health considerations:
- Prone to skin problems
 - Dental problems
 - Urinary infections, bladder infections, kidney stones
 - Constipation
 - Sore throats
 - Diarrhea, irritable bowel
 - Vision problems requiring corrective lenses
 - Overeat easily, tend to get bloated
 - Prostate problems
 - Female reproductive problems
 - Problems with digestion
 - Joint problems
 - Prone to neck pain
 - Prone to back pain
 - Prone to headaches
 - Irregular or fast heart beat, palpitations
 - Prone to allergies
 - Varicose veins
 - Lung problems
 - Gain weight easily
 - Neck and shoulder stiffness
 - Insomnia
 - Hearing or ear problems
 - Hair loss

- Caffeine:
- Coffee aggravates my headaches
 - Coffee helps my headaches go away
 - Coffee has no effect on my headaches

- Choose one of the following colors that you would prefer more than the others:
- Black
 - White
 - Red
 - Yellow
 - Green
 - Blue

- Choose one of the following seasons that you would prefer more than the others:
- Summer
 - Winter
 - Spring
 - Early Fall
 - Late Fall

Choose one of the following flavors that you would prefer more than the others:

- Sweet (desserts)
- Sour (like lemon)
- Hot, spicy (like Mexican food, chili peppers)
- Salty (snack chips, soups)
- Bitter (like dark chocolate)

Choose one of the following times of day that appeal most to you:

- Sunrise
- Noon
- Afternoon
- Sunset
- Night

Temperature, climate:

- I get cold, easily
- I get hot easily, prefer cool surroundings
- Dryness bothers me
- Damp bothers me
- Windy weather bothers me

Check as many of the following that you would use to describe yourself:

- Outgoing, sociable, like to be at parties
- Prefer to be in quiet circumstances or alone
- Suspicious
- Calm, not easily bothered
- I have a hard time getting motivated, even for important things
- I do not like noise and commotion
- I am self-confident
- Talkative, demonstrative
- Easily angered
- My children are the most important to me
- I like to eat
- I am prone to depression
- I lack confidence
- I am good at persuading people to my point of view
- Anger builds slowly, but can be explosive
- I like to be around music
- I am competitive
- Attention to detail, organized
- I hide my anger inside
- I am easily happy and cheerful most of the time
- Natural inclination for sports, athletic activities
- Difficult to make decisions, think too much before choosing
- I am compulsively honest
- I get anxious and worried easily
- I enjoy gourmet foods and wines
- I would rather be in charge of things
- I enjoy music
- I do not like to miss a day of work
- I can think through problems quickly
- I get impatient easily
- I show my anger easily

Name _____ Date Completed _____



Disclosure of the Risks and Benefits of Acupuncture Care

The world health organization has identified numerous conditions acupuncture has successfully treated –not by attacking the condition, but by restoring the balance of the body mind and spirit’s energy and communication system. Acupuncture practitioners are trained not only in the technical skills, but in healing and centering of growth and well being. Their training and experience utilizes a refined system of corollaries in the inquiry process, assessing, evaluation and treating the imbalances in oneself. Many acupuncture practitioners offer herb nutritional and lifestyle counseling, breathing techniques, exercise and other approaches to support a person’s sense of health and wholeness.

Acupuncture is quite safe, Acupuncture practitioners are trained in strict standards set by the National Commission for the certification of Acupuncturists for clean needle technique and must abide by the standards set by Occupational Safety and Health Administration regarding proper hygiene and sterilization of equipment, disposal of hazardous materials, as well as precautions regarding blood borne pathogens and clean needle technique.

Consent for Acupuncture Treatment

I, the undersigned, am aware of both the benefits and risks of acupuncture treatment. I fully understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments. I realize that acupuncture care may /may not be covered at this time by Medicare or my insurance companies and I am advised to speak with my insurance agent. I am hereby advised to consult with my primary care medical physician (if this practitioner is not such) on medical issues and that acupuncture, oriental medicine or alternative care is not substituting for appropriate medical advice and care from a medical doctor.

Printed Name _____

Signature _____ Date _____

Check Patient ___ Client ___ Parent ___ Guardian ___