

Verity Acupuncture Clinic

Fair Oaks Hospital Medical Campus
3620 Joseph Siewick Drive, Suite #304
Fairfax, VA 22033
(703) 483-3121

PATIENT MEDICAL HISTORY

Patient Name

Date of Birth

Please indicate if you have any of the following

- Cardiac pacemaker
- Seizure disorder
- Bleeding disorder
- Fainting disorders
- Believe you are or may be pregnant
- HIV
- Hepatitis B or Hepatitis C
- Tuberculosis (TB)
- Other

List all medications or supplements, including herbs and vitamins you are currently taking

Have you had any surgeries, please explain

What is your primary complaint?

Put a check mark by the symptom(s) that apply to you

Cold hands/feet	Fatigue	Feverish in the afternoon or flushes
Heat sensation in hands, feet, chest	Night sweats	Catch colds easily
Sweats easily	Dizziness	See floating black spots

Palpitations	Sore on tip of tongue	Restlessness
Anxiety	Chest pain radiating to shoulder	Insomnia

Cough	Sinus congestion	Dry mouth, throat, nose or skin
Allergies	Chills alternating with fever	Stiff neck/shoulders
Sore throat	Difficult breathing	

Low appetite	Loose stools
Constipation	Abdominal bloating and /or gas after eating
Feeling tired after eating	Prolapsed organs (previously diagnosed)
Bruises easily	General feeling of heaviness in body
Mental heaviness, sluggishness or fogginess	Swollen hands/feet

Burning sensation after eating	Bad breath	Large appetite
Mouth (canker) sores	Bleeding, swollen painful gums	Heartburn/belching
Stomach pain	Vomiting	

Diarrhea alternating with constipation	Tight feeling in chest
Bitter taste in mouth	Blood shot eyes / dry eyes
Anger easily	Skin rashes
Headache	Numbness of hands and feet
Muscle spasms, twitching, cramping	Seizures/convulsions

Sore, cold or weak knees	Low back pain
Frequent urination	Get up more than once a night to urinate
Lack of bladder control	Memory problems
Hair loss	Ringing in ears

Libido (Sex Drive)	Normal	Medium	High	Low	None
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Urine is:	Normal (Light Yellow)	Clear	Reddish	Cloudy
	Scanty	Bad odor	Burning	Painful
	Difficult	Urgent	Dark Yellow	

How many times do you urinate a day

List any uro-genital injuries or diseases from the past or present

Put a check mark by the condition(s) that apply to you

How often do you have bowl movement (defecation)?	Once a day Once every 2-3 days Other	Twice a day	Three time a day	Once every other day
What is the duration of defecation	Fast Other	Less than 5 minutes	More than 5 minutes	More than 10 minutes
Stool Color	Brown Other	Green	Yellow	Black
What is your stool condition (you can pick more than one)	Normal "S" shape Hard In pieces Often constipated Tendency when stressed Frequently fart		Watery Thick With undigested food Uncomfortable after uncomfortable if not every day Very Smelly fart	Soft Thin Frequent diarrhea Irregular Cant hold Must cover stomach when sleeping

Woman only

Are You Pregnant Now?	Yes	No				
Number of Children						
Number of Pregnancies						
Age of first period						
Age of menopause						
Is your menstrual cycle regular	Yes	No				
Average number of menstruation days						
Menstruation flow is	Normal	Heavy	Light			
The color is	Normal Other	Dark	Purple	Light Brown	Brown	Light Red
Menstruation symptoms	Blood clots Nausea PMS Heavy vaginal discharge between periods		Cramps Breast distension Bleeding between periods			
Method of contraception						

Men only

Feeling coldness or numbness in external genitalia
Pain or swelling in testicles
Premature ejaculation
Impotence / erectile dysfunction

Family Medical History

Diabetes
Seizures
Parkinson
Other

Cancer
Asthma
Alzheimer

Stroke
High Blood Pressure
Vitiligo

Heart Disease
Allergies
Skin Disease

Your Lifestyle

Do you exercise regularly Yes No
Other

Describe your typical daily diet

Breakfast

Lunch

Dinner

Snacks in between

How many cigarettes do you smoke per day

How much coffee, tea, or soda do you drink a day

Describe any use of recreational drugs

How much alcohol do you drink per week

Indicate/Mark any painful or distressed areas

