

Patient Information

Name _____ Date: _____ Address _____
 City _____ State _____ Zip _____ Home phone _____ Cell _____
 Email _____ **Weight** _____ **DOB** ____/____/____ Occupation _____
 Emergency notify: _____ Emergency phone number: _____ How did you hear about us? _____
 Would you like to receive our newsletter? Yes No

Please check all that apply:

Musculo-Skeletal:

- Neck pain
- Shoulder Pain
- Muscle Spasms / Cramps
- Arm Pain
- Upper Back Pain
- Mid Back Pain
- Low Back Pain
- Leg Pain
- Osteoporosis
- Arthritis
- Joint Pain

Cardiovascular Conditions:

- Heart Disease
- Pacemaker
- High Blood Pressure
- Low Blood Pressure
- Chest Pain
- Palpitations
- Stroke
- Varicose Veins
- Edema

Emotional / Mental:

- Clinical Depression
- Mild Depression
- ADD or ADHD
- Schizophrenia
- Mood Swings
- Panic Attacks

- Nervousness
- Anxiety
- Alzheimer's
- Energy & Immunity:**
- Chronic Fatigue Syndrome
- General Fatigue
- Slow Wound Healing
- Easy Bruising
- Chronic Infections
- Frequent Allergies
- Hay Fever

Respiratory:

- Pneumonia
- Asthma
- Frequent Common Colds
- Difficulty Breathing
- Emphysema
- Persistent Cough
- Pleurisy
- Tuberculosis
- Shortness of Breath

Head, Eye, Ear, Nose & Throat:

- Eye Pain/Strain
- Glaucoma
- Tearing / Dryness
- Impaired Hearing
- Ear Ringing
- Earaches
- Ear Infections
- Headaches
- Sinus Problems

- Nose Bleeds
- Teeth Grinding
- Frequent Sore Throats
- TMJ / Jaw Problems

Genito-Urinary Tract:

- Kidney Disease
- Kidney Stones
- Painful Urination
- Dribbling Urination
- Frequent UTI
- Frequent Urination
- Blood in Urine
- Incontinence

Neurological:

- Vertigo / Dizziness
- Paralysis
- Numbness / Tingling
- Loss of Balance
- Seizures / Epilepsy

Gastrointestinal:

- Stomach Ulcers
- Changes in Appetite
- Nausea / Vomiting
- Epigastric / Abdominal Pain
- Passing Gas
- Heart Burn
- Belching
- Gall Bladder Disease
- Gall Bladder Stones
- Hemorrhoids
- Constipation
- Diarrhea

Endocrine:

- Hypothyroid
- Hypoglycemia
- Hyperthyroid
- Diabetes Type I
- Diabetes Type II
- Night Sweats
- Unusual Sweating

Liver Conditions:

- Hepatitis A
- Hepatitis B
- Hepatitis C

Gall Bladder:

- Removed
- Cystic
- Pain

Other:

- Cancer
Type: _____
- Fibromyalgia
- Lupus
- Candida
- Anemia
- Rashes
- Eczema / Hives
- Cold Hand / Feet
- Men Only:**
- Impotence
- Vasectomy
Date: _____
- Prostate problems
- Testicular Pain / Redness / Swelling
- Low libido

Medical History

Reason for your visit here today: _____

Diagnosed by a MD? No Yes (Diagnosis: _____) How long have you had this condition? _____

How does this condition affect you? _____

Do you currently have any infectious diseases? Yes No Possibly If Yes, please identify: _____

Accidents / Hospitalizations / Surgeries in the past 10 years:

Please list all prescription and over the counter medications you are currently taking (Use additional paper if necessary):

Drug Name	Reason for taking	For how long
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The above information is true to the best of my knowledge. I understand and accept that I am responsible for full payment of my account and that payment is expected at the time of service. I also understand and accept that I am expected to notify **Nancy Brem, MS.OM., L. Ac.** at **480-389-9030** 24 hours prior to any cancellations or changes to my appointment times and that if I do not I may be charged for the appointment.

X Signed: _____ Date: _____