

Centered Stillness Acupuncture

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL HISTORY**

What is the reason that you have come in to see us today? \_\_\_\_\_

List your primary symptoms and how long these have been present. What do you hope to achieve? \_\_\_\_\_

Do you have pain? Yes, No Where? \_\_\_\_\_

Rate it on a scale from 1 to 10 where 10 is the worst pain imaginable: \_\_\_\_\_

What diagnoses have been made by your physicians? \_\_\_\_\_

Ladies: Are you pregnant?  Yes  No  maybe

Previous hospitalizations/surgeries (with dates and diagnosis): \_\_\_\_\_

\_\_\_\_\_

**Major/Chronic Illnesses and the Medications taken for illness.**

Diabetes:

HighBlood Pressure:

Neurological Disease:

Heart Disease:

Respiratory Disease:

Gastrointestinal Disease:

Liver Disease:

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- o Hepatitis:
- o Cancer
- o Kidney Disease:
- o Thyroid Disease:
- o HIV, Infectious Disease:
- o Other not listed:

Over the Counter, supplements, or herbs taken regularly:\_\_\_\_\_

### **Review of Systems/Symptoms**

List any pertinent history of problems, diagnoses, surgery, etc. involving each of the following along with the dates:

- o Head,Eyes,Ears,Nose,Throat:
- o Cardiovascular:
- o Respiratory:
- o Gastrointestinal:
- o Genitourinary:
- o Musculoskeletal:
- o Neurological:
- o Skin:
- o ImmuneSystem

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**Mark the following that you have/use regularly:**

- Tobacco
- Alcohol
- Coffee
- Caffeinated tea
- Street drugs
- Nutrasweet/Saccharine
- Splenda
- Diet drinks
- MSG
- Transfats; partially hydrogenated fats
- Soy
- Mercury amalgam dental fillings
- Fluoride toothpaste

**Known drug allergies:** \_\_\_\_\_

**Insomnia:**

- Can't go to sleep until after 11pm (sympathetic)
- Go to sleep but awaken at:
  - 11pm to 1am(Gb)  1am to 3am(Lr)
  - 3am to 5am(Lu)  5am to 7am(Li)

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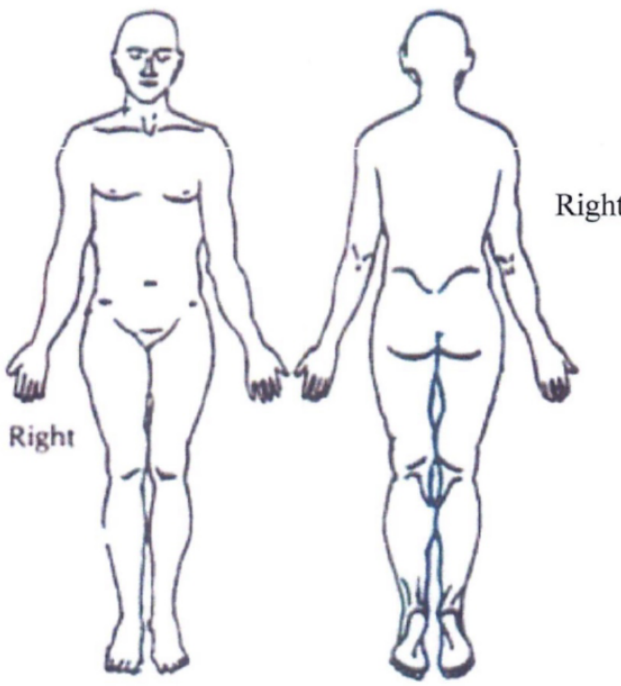
### **Fatigue:**

- I have a problem with fatigue. It is worst during:
- 5am to 7am (Li)
- 7am to 9am (St)
- 9am to 11am (Sp)
- 11am to 1pm (Ht)
- 1pm to 3pm (Si)
- 3pm to 5pm (Ub)
- 5pm to 7pm (Ki)
- 7pm to 9pm (PC)

### **Emotions:** Select the emotions that are most troublesome in your life.

- Irritability (Te/Pc/ANS)
- Grief (Lu/Li)
- Sadness or lack of joy (Ht/Si)
- Worry (Sp/St)  Fear (Ki/Ub)  Anger (Lr/Gb)

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Mark any scars, tattoos, piercings on the diagram even if you got them years ago.

If you have had spinal anesthesia or spinal taps, mark them.

If you have no scars circle NONE

Circle any areas of pain

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**Endocrine:** Check to following that apply.

I am gaining weight no matter what I do

My emotions are out of control

I have lost my sex drive

Women: Are you still having periods? Yes No

Men: Are you troubled with impotence: Yes No

Do you have to get up at night to urinate? Yes No

### **Family History**

List any illnesses that tend to run in your family:

### **Dental Information**

Please fill out the following information or ask your dentist to complete this form telling us:

Tooth numbers for all Root Canals: \_\_\_\_\_

If no Root Canals circle NONE

Tooth numbers for all Crowns: \_\_\_\_\_

If no Crowns circle NONE

Tooth numbers for all Extracted teeth: \_\_\_\_\_

If no extractions circle NONE

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### Hormone Balance Questionnaires

**\*When answering these questions:**

1. Give yourself zero (0) points if you do not have this symptom or if the question does not apply to you at all.
2. Give yourself one point if the symptom is noticeable (you're aware of it but it doesn't particularly bother you).
3. Give yourself two (2) points if it's annoying.
4. Give yourself three (3) points if it's limiting your life.
5. Do NOT insert multipliers where they are not indicated.

Note to practitioner: A score of >20 raises suspicion

<b>Men and Women</b>	
<b>Hypothyroidism (LOW Thyroid):</b>	
Problems with weight (very easy to gain or extremely hard to lose, despite sensible food intake AND good exercise.)	___ x2= __
Problems with body temperature (feeling chilly when others don't OR cold feet and/or hands OR needing to wear socks to bed OR having to dress in layers during the day OR decreased sweating OR slow to heat up with exercise.)	-- x2= --
Problems with RATE of body processes (decreased reaction time OR slowed reflexes OR sluggish bowel/constipation OR sluggish liver/ high cholesterol.)	___ x2= __
Problems with ENERGY (severe fatigue OR utterly exhausted by end of day OR times during day when energy drops out completely, feeling like the plug is pulled on your energy?)	___ x2= __
Problems with MOOD (depression OR negative thinking OR less than full improvement taking antidepressants?)	
Problems with SKIN (adult acne OR eczema OR very dry skin OR puffiness/bags around the eyes?)	
Problems with HAIR (very dry like straw OR brittle OR easily breaking OR easily falling out OR loss of outer eyebrows?)	
Problems with NAILS (brittle OR thin OR cracked OR peeling?)	
Problems with THROAT or NECK (hoarseness for no reason OR difficulty swallowing OR easily choking OR thick tongue, frequently bitten OR intolerance to clothing jewelry snug around neck?)	
Exercise does not feel good OR muscle mass/strength does not improve with exercise?	
<b>Low thyroid Point Score Total (Maximum= 42)</b>	

If you have been diagnosed with low or high thyroid problems in the past or with diabetes, rheumatoid arthritis, migraines, autoimmune disease (lupus, sarcoidosis, scleroderma, Sjogren's myasthenia gravis, multiple sclerosis, Crohn's disease, ulcerative colitis, thrombocytopenia), add five (5) points.

If any of your relatives have been diagnosed with the above, add five (5) additional points.

Low Thyroid Point Score \_\_\_\_\_ = Total \_\_\_\_\_  
 plus Extra Points (5) \_\_\_\_\_

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<b>Men and Women</b>	
<b>Hyperthyroidism (HIGH Thyroid)</b>	
Bulging eyes OR "Staring Gaze" OR people commenting that you're looking at them too intently?	___ X2= __
Excessively fast heart rate OR runs of skipped beats OR bothersome palpitations OR shaking of fingers or hands (tremor)?	___ X2= __
Swelling or tenderness of thyroid gland?	___ X2= __
Panic attacks or breathlessness for no apparent reason OR unusual irritability OR hyped-up behavior changes without clear cause OR general anxiety or nervousness for no apparent reason?	___ X2= __
Feeling hot much of the time OR intolerant to heat OR sweating more than others OR pronounced warm moist skin?	
Tremendous energy OR hardly needing sleep OR difficulty staying asleep?	
Unusual or rapid weight loss, especially if not on a diet?	
Constantly feeling like you've had too much coffee?	
Loose stools, fast bowels, OR sense of metabolism "rewed up"?	
Light periods OR skipping periods (neither related to menopause)?	
<i>High Thyroid Point Score Total (Maximum = 42)</i>	

<b>Men and Women</b>	
<b>Low Cortisol (Third stage of Adrenal Failure)</b>	
Sweating or wetness of the hands when nervous?	
Sense of always being stress out OR feeling better right away when stress is resolved?	
Excessive sensitivity to chemicals OR increased allergies OR low tolerance for alcohol, caffeine, other drugs, or strong odors?	
Unusual fatigue, especially in the morning with more energy after meals and later as day progresses OR having better energy at night, when others are winding down (night owl)?	
Salt cravings (especially liking or needing salty foods) OR lack of thirst OR markedly low blood sugar/hypoglycemia (can't skip a meal, needing snacks just to function, low fasting blood sugar on testing)?	
"Tired but wired" feeling OR low reserve (little spare oomph to meet a challenge)?	
Thin and/or dry skin	
Brown spots on the face	
Intolerance to exercise	
Prolonged low blood pressure	
<i>Low Adrenal Point Score Total= (Maximum = 57)</i>	

If you have ever been diagnosed with low adrenal function, add five (5) points.  
 If any of your relatives have been diagnosed with low adrenal function, add five (5) additional points.

Low Cortisol Score \_\_\_ plus Extra Points (5) \_\_\_ = Total \_\_\_



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<b>Men and Women</b>	
<b>HIGH Cortisol (Second Stage of Adrenal Failure)</b>	
Normal thinking that becomes easily confused and frazzled when rushed or under pressure?	___ x2= __
Swelling/water retention of fingers OR ankles OR limbs OR face?	___ x2= __
Heart palpitations OR high blood pressure?	___ x2= __
Unhealthy thinning skin (easily injured or bruised) OR excessively oily skin?	___ x2= __
Increase in facial or body hair?	
Sleep problems (staying awake much of the night)?	
Elevated triglycerides (a kind of fat on blood test)?	
Sugar cravings OR blood sugar imbalance?	
Muscle weakness OR decreased muscle mass OR restless legs (muscles twitching at night)?	
Generalized ongoing excessive tension all day long OR constant low-grade headache for days on end?	
<i>High Adrenal Point Score Total= (Maximum = 42)</i>	

If you have been diagnosed with High Adrenals add five (5) points.  
 If any of your relatives have been diagnosed with High Adrenals add five (5) points.

High Adrenal Point Score \_\_\_ plus Extra Points (5) \_\_\_ = Total\_ \_

<b>Men and Women</b>	
<b>High Adrenalin/Low Cortisol</b>	
Cold and clammy palms	___ x3= __
Large pupils	___ x3= __
Sensitivity to bright lights	___ x3= __
Rapid pulse	___ x3= __
Elevated systolic (upper number) blood pressure	___ x3= __

High Adrenalin/Low Cortisol Point Score (45) \_ \_

<b>Men and Women</b>	
<b>Adrenal Medulla Fatigue (Lack of Adrenalin)</b>	
<b>Men and Women</b>	
Consistent low blood pressure (diastolic low= bottom number below 80)	__ x2= __
Easier to go to sleep in lounge than a bed	__ x2= __
Don't like to be touched	__ x2= __
Avoid loud noises	__ x2= __
Avoid crowds	__ x2= __
Avoid arguments; don't like to be around people that are arguing	__ x2= __
Sometimes can't make simple decisions	__ x2= __
Sometimes just want people to leave you alone/ want to sleep all the time	__ x2= __
Sometimes annoyed when someone wants you to do something	__ x2= __
Can't multitask	__ x2= __
Difficulty dealing with stress	__ x2= __
Poor memory	__ x2= __
Low body temperature	__ x2= __

<b>Women LOW Progesterone</b>	
Exceptionally fine, smooth, "glowing" skin, hardly needing creams or any extra care.	__ x2= __
Heavy bleeding OR uterine fibroids OR endometriosis OR extremely uncomfortable uterine symptoms?	__ x2= __
Tender breasts, at times a sense of being bruised, or of excess fullness?	__ x2= __
PMS time is or has been the most difficult time of the month?	__ x2= __
Fibrocystic breasts, with many little lumps that can be felt easily OR diagnosed as chronic cystic mastitis? (Note: also, due to low iodine levels)	
Cystic ovaries, upon examination or scan, with or without abdominal discomfort? (Note: also, due to low iodine levels)	
Weight gain around the middle?	
High triglycerides upon blood testing?	
Anxiousness, nervousness, irritability, or foggy thinking?	
Water retention, making ankles, legs, fingers, or face swollen?	
Early miscarriage	
Insomnia	
Cyclical Headaches	
Infertility	
<i>Low Progesterone Point Score Total= (Maximum = 54)</i>	

If you have been diagnosed with Low Progesterone add five (5) points.  
 If any of your relatives have been diagnosed with Low Progesterone add five (5) points.

Low Progesterone Point Score \_\_\_\_ plus Extra Points (5) \_\_\_\_ = Total \_\_\_\_

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<b>Progesterone Dominance</b>			
Increased weight gain and fat storage		Decreased libido	
Increased total cholesterol		Incontinence	
Decreased HDL		Relaxed ligaments with backaches, leg aches, achy hips	
Increased LDL		Immune suppression	

<b>Progesterone Dominance</b>			
Increased triglycerides		Increased appetite	
Elevates cortisol		Carbohydrate craving	
Decreases growth hormone		Bloating	
Increases insulin resistance		Constipation	
Depression		Gall stones	
Fatigue		<b>TOTAL</b>	

High Progesterone Point Score \_\_\_\_\_

<b>Women LOW Estrogen</b>		
Foggy thinking OR inability to think clearly through a dilemma?	-- X2= --	
Hot flashes during the day OR excessive sweating at nights?	___ x2= --	
Feeling tearful, often at slightest provocation? OR unable to cope comfortably?	-- x2= --	
If menstruating, early period days are your most difficult time of month?	-- X2= --	
Sleep disturbance (either inability to fall asleep or to stay asleep)?		
Memory lapses OR times when your mind goes blank OR you lose your train of thought?		
Frequent headaches, either at temples or involving entire head?		
Vaginal dryness (at times irritating OR making sexual contact less comfortable)?		
Incontinence (inability to hold urine without leakage)?		
Light and/or irregular periods, at times scanty, sometimes heavy?		
Frequent bladder infections		
<i>Low Estrogen Point Score Total= (Maximum = 45)</i>		

If you have been diagnosed with Low Estrogen add five (5) points.

If any of your relatives have been diagnosed with Low Estrogen add five (5) points.

Low Estrogen Point Score \_\_\_\_\_ Plus Extra Points(5) \_\_\_\_\_ =Total \_\_\_\_\_

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<b>Women Estrogen Excess</b>	<b>Rate 0-3</b>	<b>Women Estrogen Excess</b>	<b>Rate 0-3</b>
Puffiness and Bloating		Foggy Thinking	
Rapid Weight Gain		Gallbladder Problems	
Mood Swings		Heavy Bleeding	
Anxious Depression		Breast Tenderness	
Insomnia		Cervical Dysplasia (Abnormal Pap Smear)	
Red Flush on Face		Weepiness	
Migraine Headaches		Magnesium deficiency	
Osteopenia/Osteoporosis		Polycystic ovarian syndrome (PCOS)	
PMS		Sluggish metabolism	
Thyroid dysfunction		Uterine cancer	
Uterine fibroids		Water retention/bloating	
Total (Maximum 60)			

If you have been diagnosed with Estrogen Excess, add five (5) points.  
 If any of your relatives have been diagnosed with Estrogen Excess, add five (5) points.

<b>Men LOW Testosterone</b>	
Thinning and dry hair	
Droopy eyelids	
Sagging cheeks	
Thin lips	
Anxiety	
Decreased bone strength	
<i>Low Testosterone Point Score Total= (Maximum = 72)</i>	

<b>Men and Women DHEA Deficiency</b>	<b>Rate 0-3</b>	<b>Men and Women DHEA Deficiency</b>	<b>Rate 0-3</b>
Brain fog		Poor memory	
Cancer		Rheumatoid arthritis	
Chronic inflammation		Type II diabetes	
Concentration difficulty		Osteoporosis	
Depression		Migraine	
Heart disease (men)		<b>Total (Maximum 33)</b>	

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<b>Men and Women Pregnenolone Deficiency</b>	<b>Rate 0-3</b>
Depression	
Low Total Cholesterol	
Moody	
Short-term memory loss	
Tired	
Low Total Cholesterol	
Total (Maximum 18)	

**Rate Your Risk for Chronic Fatigue**

Take a minute to think about how you have felt over the past two weeks. Which of these statements describe you?

<b>Chronic Fatigue Symptom</b>	<b>Yes</b>	<b>No</b>
I feel sad or down most of the time.		
I've lost interest in the activities I used to enjoy.		
I feel tired almost every day.		
I have problems sleeping. I'm either sleeping too much or staying awake at night.		
My appetite has changed. I'm not eating enough, or I'm eating too much.		
I have trouble concentrating.		
My friends say I'm acting different. I'm either anxious and restless or lethargic.		
I feel worthless or hopeless.		
I'm having frequent headaches, stomach problems, muscle pain, or back problems.		
I find myself thinking a lot about dying.		
Total (Maximum 30)		

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<b>Women with Excess Male Hormones (Androgens)</b>	<b>Rate 0-3</b>
Acne	
Excessive Hair on the Face and Arms	
Thinning Hair on the Head	
Ovarian Cysts (Note: also, due to low iodine levels)	
Polycystic ovarian syndrome (PCOS) (Note: also, due to low iodine levels)	
Hypoglycemia = low blood sugar	
Infertility	
Mid-cycle pain	
Total (Maximum 24)	

<b>Men LOW Testosterone</b>	
Decreased mental ability OR decreased memory OR noticeable foggy thinking?	__ X2= __
Decreased erection or sexual performance OR decreased sex drive? (Note: also due to low adrenalin, nitric oxide, and low voltage in spleen meridian)	__ X2= __
A noticeable decrease in muscle mass/weight loss?	__ X2= __
Apathy, not caring much what happens, low motivation for life?	__ x2= __
Slowed urine stream (decreased urine flow)?	
Increased urinary urges, feeling of pressure, discomfort, or leakage (prostate problems)?	
Feeling of being "burnt out"?	
Decreased stamina for exercise or sexual activity?	
Thinning skin, easy to bruise or scratch?	
Joint stiffness OR aches and pains (neither related to arthritis)?	
Enlarged breasts	
Gall bladder problems	
Low self esteem	
Decreased HDL	