|  |  |
| --- | --- |
| **Name:**  | **DOB:** |
| **Email:** |  |

|  |  |  |
| --- | --- | --- |
| **Reason for visit today:**  | **Referred by:** | **Gender Pronoun (Please Circle):****He/Him She/Her They/Them Other** |

|  |
| --- |
| **(Non-SIU Patients Only) Are you currently using pharmaceutical medications, supplements, herbal medications?  Yes  No If yes, please list (If you need more room, continue on the back of sheet):**  |
| **Allergies:** |
| **Primary care physician:** |
| **Other provider(s):** |

**Family Medical History**

|  |  |  |  |
| --- | --- | --- | --- |
|  Allergies |  High Blood Pressure |  Cancer |  Diabetes |
|  Asthma |  Heart Disease |  Stroke |  Seizures |
|  Other (list) |  |  |  |

**Your Present and Past Medical History**

|  |  |  |  |
| --- | --- | --- | --- |
|  AIDS/HIV  |  Heart conditions |  Scarlet Fever |  Urinary Tract Infections |
|  Alcoholism  |  Hepatitis |  Sexually Transmitted Infection(s) |  |
|  Appendicitis  |  Herpes |  Smoking (now or in the past) |  |
|  Asthma or Breathing Problems |  High Blood Pressure |  Stroke |  |
|  Atherosclerosis |  IBS/IBDMeasles |  Stress |  |
|  Cancer or tumors |  Measles |  Thyroid Disorders | Other History |
|  Chicken Pox |  Multiple Sclerosis |  Tuberculosis |  |
|  Diabetes |  Pacemaker or Irregular Heartbeat |  Weight Loss/Gain |  |
|  Gout |  Rheumatic Fever |  Ulcers |  |
|  Surgeries (List) (Not performed in Springfield) |  |  |
|  |  |
|  |  |
|   |   |

**Lifestyle Habits**

|  |  |  |  |
| --- | --- | --- | --- |
| Alcohol | Smoking | Marijuana | Illicit substances |
|  |  |  |  |
|  /week |  packs/day |  /week |  \_\_\_\_\_\_\_\_/week |

**Exercise?**

|  |
| --- |
| Please Describe |

**Please describe your typical diet for each meal. Note between-meal or late night snacks as well.**

|  |
| --- |
| Breakfast |

|  |
| --- |
| Lunch |

|  |
| --- |
| Dinner |

**Gynecological**

|  |  |  |  |
| --- | --- | --- | --- |
| Length of Period:  \_\_\_\_\_\_\_\_\_\_Days  |  Heavy Flow |  Clots |  Breast Tenderness |
|
| Length of Cycle:  \_\_\_\_\_\_\_\_\_Days |  Light Flow  |  Irregular cycle |  Breast Lumps |
|
| Age when menstruation began |  Bleeding Between Periods | Uterine Fibroids |  Vaginal Odor |
|   |
| Date of last menstrual period  |  Back Pain Related to Cycle |  Menstrual Cramps | Typical Color of Menstrual Blood?  Pale Bright Red Dark Red Purple |
|   |
| Date and result of last Pap smear |  PMS | Uterine Fibroids |  |
| At what age did you undergo menopause? | If undergoing menopause now, what are your symptoms? |
|  |
| Number of Pregnancies | Number of Live Births | Number of Premature Births | Number of Induced Abortions  |
|   |   |  | Number of Miscarriages |

**Gan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Headaches  |  Dry Eyes  |  Anger |  Numbness |  Seizures  |
|  Tinnitus |  Blurry Vision  |  Frustration  |  Tremors  |  Stroke |
|  Dizziness  |  Spots in the Eyes |  Excessive Sighing  |  Tics  |  Rib/Flank Pain |
|  Cataracts  |  Red Eyes  |  Feeling of Lump in the Throat  |  Withered or Brittle Nails  |  Glaucoma |
|  Excessive Tearing |  Short Temper/ Irritable |  Feeling of Tightness in the Chest  |  Depression/Hopelessness |  |

**Dan**

|  |  |  |  |
| --- | --- | --- | --- |
|  Bitter Taste  |  Indecisiveness  |  Stiff Neck  |  Ear Infection  |
|  Timidity  |  Yellow Complexion  |  Fatty Stools |  Lack of Initiative |
|  Gallbladder Issues |  |  |  |

**Xin**

|  |  |  |  |
| --- | --- | --- | --- |
|  Very Talkative |  Frequent Bursts of Nervous Laughter |  Red Face  |  Chest Pain |
|  Anxiety  |  Excessive Dreaming |  Bitter Taste in the Morning |  Heart Disease |
|  Insomnia  |  Dream Disturbed Sleep |  Aphasia or Speech Difficulties |  Shortness of Breath |
|  Phobias  |  Stuttering |  Mouth and Tongue Sores  |  Tachycardia |
|  Easily Startled |  Palpitations |  Fainting  |  Irregular Heartbeat |

**Pi**

|  |  |  |  |
| --- | --- | --- | --- |
| Lack of Taste | Abdominal Pain  | Foggy Thinking | Bleed or Bruise Easily |
| Loss of Appetite  | Bloating  | Heavy Limbs | Vaginal DischargeYellow  White  |
| Excessive Saliva | Diarrhea  | Fatigue | Edema  |
| Flatulence | Hemorrhoids | Worry | Muscle Weakness |
| Loose Stools | Prolapse |  |  |

**Wei**

|  |  |  |  |
| --- | --- | --- | --- |
|  Excessive Appetite |  Vomiting |  Loss of Appetite  |  Belching  |
|  Epigastric Pain  |  Vomiting of Clear Fluid |  Nausea |  Swelling and Pain of the Gums  |
|  Acid Reflux (GERD) |  Vomiting Bile (green) |  Tiredness in the Morning  |  Bleeding Gums  |
|  |
|  Bad Breath  |  Vomiting Blood |  Hiccup |  |

**Fei**

|  |  |  |  |
| --- | --- | --- | --- |
|  Acute Cough  |  Pneumonia |  Spontaneous Sweating |  Loss of smell |
|  Chronic Cough  |  Emphysema |  Yellow Phlegm  |  Bleeding from the Nose  |
|  Asthma  |  Wheezing |  White Phlegm  |  Sinus Problems  |
|  Shortness of  Breath  |  Grief or Sadness |  Fullness in the Chest  |  Sore Throat |
|  Difficulty Breathing when Lying Down  |  Skin Problems |  Weak Voice |  Frequent Colds |
|  |  |  |  |

**Da Cheng**

|  |  |  |  |
| --- | --- | --- | --- |
|  Constipation |  Blood in the Stool |  Itchy Anus |  Fever |
|  Diarrhea |  Foul Smelling Stools |  Abdominal Pain and Distention |  Cold Sensation in the Abdomen |
|  Black Stools |  Fatigue after Passing Stool |  Burning Anus |  Rectal Pain |
|  Tenesmus (Strong Urge to Pass Stool) |  |  |  |
| Number of bowel movements per day \_\_ |  |

**Shen**

|  |  |  |  |
| --- | --- | --- | --- |
|  Bedwetting |  Increased Libido |  Hot Flashes  |  Arthritis |
|  Frequent Urination  |  Decreased Libido |  Night Sweats |  Brittle Bones  |
|  Incontinence  |  Impotence  |  Low Grade Fever in Afternoon and/or Evening |  Problems with Hearing |
|  Edema  |  Premature Ejaculation |  Problems with Concentration |  Black Circles Under Eyes |
|  Weakness of the Knees and Ankles |  Nocturnal Emission |  Chronic Sore Throat |  Teeth Problems |
|  Low Back Pain |  Infertility |  Memory Problems |  Erectile Dysfunction |

**Pan Guang**

|  |  |  |  |
| --- | --- | --- | --- |
|  Pain with Urination  |  Urgent Urination  |  Unable to hold urine  |  Wake up to Urinate Often  |
|  Frequent Urination  |  Blood in Urine  |  Incomplete Urination  |  Bladder and/or Kidney stones  |