Matthew Branham M.Ac.O.M, L.Ac

110 Harrison St. Frenchtown, NJ 08825 908.996.2389

Health History Questionnaire and Registration

Patient Information

Date_____

Name_____

Address_____

City, State, Zip_____

Age_____ Birthdate_____

Occupation_____

Company Name_____

Primary Physician_____

Physician Phone #_____

How did you hear about us?_____

_____

Contact Information

Home Phone_____

Work Phone_____

Other/Cell Phone_____

Email_____

Another person we may contact if needed:

Name_____

Relationship_____

Home Phone_____

Work Phone_____

Health History

What are your primary concerns for coming in for treatment?

1) _____

2) _____

3) _____

How is your sleep? _____

_____

How is your digestion? _____

_____

List medications or food supplements you are taking:

_____

_____

List serious illnesses, accidents, or surgeries:

_____

_____

Check illnesses that have occurred in blood relatives:

• Diabetes • High blood pressure • Stroke

• Cancer • Heart disease • Kidney disease

Check Symptoms you have or have had in the last year:

- Depression
- Difficulty in focusing
- Dizziness
- Easily startled
- Excessive worry
- Excessive Anger
- Excessive fear
- Fatigue/tiredness
- Headaches
- Loss of sleep/poor sleep
- Nervousness/irritability
- Overwhelmed by life
- Weight loss/weight gain

Check conditions you have or have had in the past:

- AIDS
- Allergies
- Anemia
- Arthritis
- Bleeding Disorders
- Breast Lump
- Cancer
- Diabetes

How long has it been since you have had a complete medical exam? _____

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Health History… Continued

Check symptoms you have or have had in the last year:

MUSCLE/JOINT/BONES:
- Tremors
- Cramps
- Swollen Joints

Pain, weakness, numbness in:
- Arms or Hips
- Back
- Legs
- Feet
- Neck
- Hands
- Shoulders
- Other _____

EYES/EARS/NOSE/THROAT/RESPIRATORY:
- Asthma/wheezing
- Blurred or failing vision
- Difficulty breathing
- Earache
- Enlarged glands
- Eye pain
- Frequent colds
- Hay fever
- Hoarseness
- Gum trouble
- Nose bleeds
- Loss of hearing
- Persistent cough
- Ringing in ears
- Sinus problems

SKIN:
- Boils
- Bruise easily
- Dry Skin
- Itching/rash
- Sensitive skin
- Sores that won't heal
- Sweating (unusual i.e. night, easily, etc.)

GENITO-URINARY:
- Blood/pus in urine
- Frequent Urination
- Inability to control urine
- Kidney infection/stones
- Lowered libido

CARDIOVASCULAR:
- Chest pain
- Hardening of arteries
- High or low blood pressure
- Pain over heart
- Poor circulation
- Previous heart attack
- Rapid/irregular heart beat
- Swelling of ankles

GASTROINTESTINAL
- Belching, gas, or bloating
- Colon trouble
- Constipation
- Diarrhea
- Difficulty swallowing
- Distention of abdomen
- Excessive hunger
- Gall bladder trouble
- Hemorrhoids (piles)
- Indigestion
- Nausea
- Pain over stomach
- Poor appetite
- Vomiting

FOR MEN ONLY:
- Erection difficulties
- Penis discharge
- Prostate trouble

FOR WOMEN ONLY:
- Bleeding between periods
- Clots during menstruation
- Excessive menstrual flow
- Extreme menstrual pain
- Irregular cycle
- Menopausal symptoms
- PMS
- Previous miscarriage
- Scanty menstrual flow

Could you be pregnant? _____

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Signature	
The information on this form is correct to the best of my knowledge. Signature _____ Date _____	