

# SOUTH TIPPERARY ACUPUNCTURE

Helena Fitzgerald, Cahir, Co. Tipperary ☎PH. 087-6128288 ✉southtippacu@gmail.com

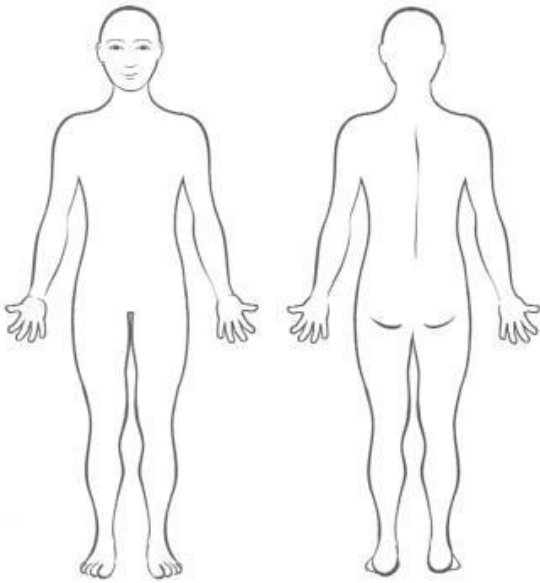
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Place in family: \_\_\_\_\_  
GP: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ 1<sup>st</sup> appointment: \_\_/\_\_/\_\_\_\_  
PH. \_\_\_\_\_ Blood Type: A / B / AB / O  
Email: \_\_\_\_\_  
No. of children & ages: \_\_\_\_\_  
Ph: \_\_\_\_\_ Last visit: \_\_/\_\_/\_\_\_\_  
ICE#: \_\_\_\_\_

Have you ever had acupuncture before? Yes / No  
GP/Consultant's diagnosis: \_\_\_\_\_

Reason for this visit: \_\_\_\_\_  
Other medical treatments received: physio/chiro/osteo/other: \_\_\_\_\_

Please mark the areas of concern/pain:



Circle discomfort/pain level: (None) 1 2 3 4 5 6 7 8 9 10 (unbearable)  
What relieves the condition? (activity, rest, ice, heat...) \_\_\_\_\_  
What aggravates the condition? (weather, heat, cold..) \_\_\_\_\_  
Are you awaiting surgery? \_\_\_\_\_  
List prescription drugs or over the counter drugs currently taking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List supplements currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List any allergies (food, drugs, environmental, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Details of hospitalisation for any serious condition/surgeries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the following please indicate quantity? And how often you consume them?

Cigarettes: \_\_\_/\_\_\_ Alcohol: \_\_\_/\_\_\_ Drugs: \_\_\_/\_\_\_ Caffeine: \_\_\_/\_\_\_ Fizzy drinks: \_\_\_/\_\_\_ Water: \_\_\_/\_\_\_

What exercise do you engage in & frequency? \_\_\_\_\_

How would you rate your daily energy between 1 and 10 (10 being best)? \_\_\_\_\_

List your main health concerns in order of importance to you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please give any other relevant information or issues you think relevant or would like to discuss:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SOUTH TIPPERARY ACUPUNCTURE

Helena Fitzgerald, Cahir, Co. Tipperary ☎PH. 087-6128288 ✉southtippacu@gmail.com

**Family Medical History:** Please indicate with a **P** (past) **C** (current) **F** (family) if any of the conditions below apply:

Low Blood Pressure	Epilepsy	Jaundice	Arthritis
High Blood Pressure	Dizziness/Fainting	Jaw pain	Cancer
Heart condition	Lung condition	Hepatitis	Endometriosis
Thrombosis/Embolism	Skin condition	Headaches/Migraine	Uro/Gynae _____
Wear a Pacemaker	Osteoporosis	Cataracts/ Macular degeneration	Digestive disorder _____
Stroke	Diabetes	Kidney condition	Other _____

**Patient Medical History:** Please indicate severity of current symptoms, rated 1-10 (10 being worst). Leave blank if N/A

<b>LV/GB</b>	Lack of joy in life	Blood in stool	Weak immune system
Depression	Bitter taste in mouth	Can go hours without food	Alternate chills/fever
Stress	High blood pressure	Large appetite	Grief/sadness
Floaters in eyes	Irregular heart beat	Crave sweets	Shortness of breath
Poor night/blurred vision	Restless/agitated	Water retention	Sweating during day
Itchy/ dry/red eyes	Anxiety	Overweight	<b>KD/BL</b>
Dizziness	Aversion to heat	Pensive/overthinking	Frequent urination
Feels like lump in throat	Tingling fingers/toes	Tend to worry	Leaking urine
Discomfort at sides under ribs		Sweating on forehead	Urgency to urinate
Neck/shoulder tension	<b>SP/ST</b>	Foggy mind	Bladder infections
Muscle twitching/spasm	Constipation	Yeast infections	Painful urination
Brittle nails	Loose stools	Always cold	Wake to urinate
Sighing	Alternates constipation/loose	Prefer warm food	Bring water to bed
PMS	Nausea/vomiting	Prefer warm drinks	Low sex drive
Genital itching/pain/rashes	Bloating/gas	Cold feet, warm hands	High sex drive
Headaches/Migraines	Intestinal pain/cramping	Cold feet, cold hands	Kidney stones
Emotional eating	Stool marks toilet bowl	Snoring	Dark urine
Irritable/frustrated/impatient	Abdominal pain	Tiredness/fatigue	Smelly urine
Gallstones	Heartburn	<b>LU/LI</b>	Loss of head hair
Nightmares	Indigestion	Sinusitis/congestion	Hearing problems
Clenching teeth	Belching/burping	Cough with phlegm	Tinnitus
<b>HT/SI</b>	Heaviness in head/body	Dry cough	Fear
Chest pain/tightness	Tired after eating	Nasal drip	Bad longterm memory
Disturbed sleep/Insomnia	Difficult getting up in a.m.	Dry mouth/nose	Swollen ankles
Difficulty going to sleep	Tired/weak muscles	Sore throat	Crave salty foods
Mind racing	Bruise easily	Skin rashes	Night sweats/hot flush
Palpitations	Bad breath	Asthma/wheezing	Lower back/knee pain
Vivid dreams	Bleeding gums	Cough up blood	Very thirsty
Mouth/tongue/lip ulcers	Haemorrhoids	Catch cold easily	No thirst
Forgetful	Nose bleeds	Hay fever	Osteoporosis/penia

**For Men Only**

Prostate Problems \_\_\_\_\_ Pain in testicles \_\_\_\_\_ Erectile Dysfunction \_\_\_\_\_ BPH \_\_\_\_\_ Varicocele \_\_\_\_\_

**For Women Only**

Age@ first period _____	Colour of blood _____
Day in cycle today _____	Birth control (BC) _____
Duration of typical period _____	Type of BC _____
# of pregnancies _____	How long this BC method _____
# of miscarriages _____	Menopause _____
# of live births _____	Age @menopause _____
Irregular Period _____	Taking HRT _____
Painful periods _____	Vaginal dryness _____
Bleeding between periods _____	Excess vaginal discharge _____
Breast pain _____	
Period clots _____	