Wu Tang Physical Culture Association TCM Clinic
Patient Health History Intake

DATE_____/_____/_____

NAME:_____ Email _____

Address: _____ City/State_____

Zip_____ Phone: Home: (_____)_____ Cell:(_____)_____

Emergency Contact /_____Phone: (____)_____

Date of Birth: _____ Sex M / F Ht_____Wt _____

Profession_____

Any physical conditions or concerns? _____

_____

_____

Referred by_____ Internet _____ Other _____

Overall health (circle one): Excellent / Good / Fair / Poor / Other _____

Chief Complaint (reason you are here) (use separate sheet if needed)

_____

_____

_____

_____

When did symbtom start?_____Sudden or gradual onset

If you were given a Western diagnosis, please list:

_____

_____

_____

Current Medications_____

_____

_____

Current Vitamins/Supplements/Herbs _____

_____

Surgeries (list with dates if possible)

_____

_____

_____

Rest/Activity
How many hours of sleep do you get a night? _____

Do you get regular exercise? Yes No Type_____

Frequency_____

_____

Past & Present Condition
___AIDS/HIV ___Alcoholism ___Allergies ___Appendicitis ___Arteriosclerosis
___Asthma ___Cancer ___Chicken Pox
_____

General Conditions
___Diabetes
___High Blood Pressure ___Measles ___Multiple Sclerosis ___Mumps
___Rheumatic Fever ___Scarlet Fever ___Seizures
___Emphysema ___Epilepsy ___ Goiter
___Stroke ___Thyroid disorder
___Gout ___Heart disease ___Pleurisy
___Hepatitis ___Pneumonia ___Herpes ___Polio
___Ulcer ___Venereal Disease ___Whooping cough
___ Pacemaker
___Fatigue ___Cold hands/feet ___Chills ___Hot feeling ___Sweat easily
_____

Emotional ___Phobias ___Poor memory ___Anxiety
_____

Any additional conditions:
_____

_____

_____

Signature: _____