1102 Chicago Ave
Oak Park IL 60302
708.445.2000

Acupuncture POINTS

Your way to Health

~ Strictly confidential ~

Licensed Acupuncturist
IL #198-000085
Yosef Pollack

Patient Health Appraisal

Name ____ Age____ Date of birth ____/____/____ Relationship status ______
Address ______________________________________ Birthplace ____________________ Number of Children _____
City _____________________State ____ Zip ________ Referred to us by ___________________________________
Phone: (mobile)________________________ (work)__________________________ (home)____________________
e-mail: ____ Occupation ______________________ # work hrs/wk ____
Emergency Contact: _____________________Relationship_____________ Phone ______________________________
Physicians name: _______________________________________Phone: ____________________________________
May I contact your physician to discuss your condition? ___Yes ___ No Your Health Ins Co?_____________________

Note: PATIENTS PAY AS THEY GO. Read our "INSURANCE" page for reimbursement & other options to help defray out of pocket costs.

Height: __ ft. __ in. **Weight:** _____ pounds **Blood pressure:** __high __low __normal WTP__

Why have you come for acupuncture treatment?

New ~ Acute problems:

Old ~ Chronic problems:

Treatments to date...How long?:

Current Rx medications (taken in last 2 months):

Current "natural" remedies/supplements:

What is your exercise/workout?

Present living situation:

Major Stresses In Your Life:

~ Personal Health History ~

Hospitalizations:
Surgeries:
Injuries//traumas:
Broken bones:
Scars/stitches:

Medicinal allergies:
Environmental allergies:
Food allergies:
Catch cold or virus easily?
Frequent sore throat?

Childhood Illness
__ Chicken Pox
__ Measles
__ Mumps
__ German Measles
__ Scarlet Fever

Immunizations
__ DPT
__ Tetanus Booster
__ Measles/Mumps/Rubella
__ Hepatitis B
__ Influenza

Exposures
__ Hepatitis
__ Tuberculosis
__ Herpes
__ COVID or HIV exposure
__tested positive __tested negative

Implants/Prostheses
__ Breast implant (s)
__ Pace Maker
__ other (describe)

Use of

☐ Alcohol
☐ Tobacco
☐ Caffeine
☐ Sugar
☐ cocaine
☐ marijuana
☐ Heroin
☐ Opioids

Family Health and Genetic History

i.e. Diabetes, Cancer, Parkinson's...

Mother:
Father:
Sisters/Brothers:

Maternal Grandparents:
Paternal Grandparents:
Children:

© 2021 Acupuncture POINTS

Continue →

"General Body Check" Do you have problems with any of these:

Pain … is it
- ☐ sharp/stabbing:
- ☐ dull/aches:
- ☐ localized:
- ☐ crampish:
- ☐ moving/tingling:

Circulation:
- ☐ numbness
- ☐ cold areas
- ☐ Reynaud's disease
- ☐ hot areas
- ☐ bruise easily
- ☐ varicosity
- ☐ phlebitis
- ☐ postural hypotension (feel faint if you stand quickly or too long)

Headaches
- ☐ Migraine
- ☐ Cluster headaches w/Allergies
- ☐ Headaches with nausea

☐ Frontal ☐ Temples ☐ Occipital

Mental/Neurologic
- ☐ slow thinking
- ☐ fast thinking
- ☐ forgetful
- ☐ lack concentration
- ☐ vertigo
- ☐ seizures

Emotional problems
- ☐ depression
- ☐ anxiety-heart palpitations
- ☐ panic attacks
- ☐ phobias
- ☐ mania stress
- ☐ irritable/angry

Eyes
- ☐ vision problems
- ☐ blurry vision
- ☐ photosensitivity
- ☐ infections
- ☐ dryness
- ☐ redness
- ☐ pain behind eyes

Ears
- ☐ hearing loss
- ☐ tinnitus
- ☐ frequent infections
- ☐ clogged
- ☐ popping

Nose
- ☐ sinus infections
- ☐ sinusitis
- ☐ postnasal drip
- ☐ deviated septum
- ☐ loss of smell
- ☐ bleeding
- ☐ allergy/sniffles

Skin
- ☐ acne
- ☐ itching
- ☐ eczema
- ☐ hives
- ☐ rashes

Hair
- ☐ dryness
- ☐ alopecia
- ☐ premature graying
- ☐ hair loss

Nails (fingers/toes)
- ☐ dry
- ☐ brittle
- ☐ cracks/
- ☐ discolored
- ☐ infected
- ☐ ingrown

Tongue
- ☐ peeling areas
- ☐ sores/blisters
- ☐ sensitivity

Mouth
- ☐ lips chapped
- ☐ cold sores
- ☐ bleeding gums
- ☐ periodontitis
- ☐ lots of cavities
- ☐ silver fillings
- ☐ teeth loose
- ☐ teeth hurt/ache
- ☐ without cavities
- ☐ Temporo-Mandibular Joint (TMJ) problems

Throat
- ☐ dry
- ☐ itchy
- ☐ sore
- ☐ hot
- ☐ excess mucus
- ☐ swollen glands
- ☐ tight
- ☐ thyroid

Voice
- ☐ hoarseness
- ☐ stuttering

Blood Tests with irregular results:
- ☐ high cholesterol
- ☐ hyperthyroid (high)
- ☐ hypothyroid (low)
- ☐ diabetes
- ☐ high blood sugar
- ☐ hypoglycemic
- ☐ low blood sugar
- ☐ anemia
- ☐ Candida/yeast

Autonomic Nervous System
- ☐ low blood pressure
- ☐ high blood pressure
- ☐ cold hands/feet
- ☐ night sweats
- ☐ sweat easily
- ☐ particular areas:
- ☐ never sweat
- ☐ often hot
- ☐ often cold
- ☐ slow pulse (less than 60)
- ☐ fast pulse (more than 100)

Heart & Lungs
- ☐ asthma
- ☐ shallow breathing
- ☐ short of breath:
  - ☐ on exertion
  - ☐ at rest
  - ☐ when lying down
- ☐ pressure on chest
- ☐ cough
- ☐ chronic bronchitis
- ☐ phlegm/mucus
- ☐ frequent colds
- ☐ mitral valve prolapse
- ☐ palpitations

Digestion
- ☐ have no appetite
- ☐ good appetite
- ☐ nausea
- ☐ vomiting
- ☐ easily get carsick
- ☐ easily get air sick
- ☐ easily get seasick

Digestion cont'd.
- ☐ belching
- ☐ rumbling sounds
- ☐ heartburn
- ☐ ulcer
- ☐ lack of stomach acid
- ☐ can't digest fats
- ☐ hiccups
- ☐ hiatal hernia
- ☐ stomach problems
- ☐ liver problems
- ☐ spleen problems
- ☐ gall bladder problems
- ☐ pancreas problems
- ☐ large intestine problems
- ☐ sm. intestines problems
- ☐ colitis
- ☐ Crohn's disease
- ☐ appendix
- ☐ ileocecal valve
- ☐ diarrhea
- ☐ constipation
- ☐ undigested food in stool

Digestion cont'd.
- ☐ blood in stool
- ☐ Irritable Bowel Syndrome
- ☐ Hemorrhoids ☐ itching ☐ burning ☐ bleeding
- ☐ flatulence
- ☐ hernia

Urination
- ☐ kidneys
- ☐ adrenal
- ☐ bladder
- ☐ frequent urge to urinate
- ☐ scanty urination
- ☐ urinary tract infections
  - ☐ Frequent
  - ☐ Pain or Discomfort

color of urine:
- ☐ golden yellow
- ☐ pale
- ☐ deep yellow/orange
- ☐ stones
- ☐ strong odor

Musculo-Skeletal
- ☐ rheumatism
- ☐ arthritis
- ☐ connective tissue
- ☐ ligament disease
- ☐ lupus erythematosus
- ☐ upper back/spine
- ☐ mid back/spine
- ☐ lumbar spine
- ☐ whiplash
- ☐ neck
- ☐ shoulders
- ☐ arms
- ☐ wrists
- ☐ hands
- ☐ fingers
- ☐ rib cage
- ☐ pelvis sacrum
- ☐ coccyx
- ☐ hips
- ☐ knees
- ☐ shins
- ☐ ankles
- ☐ feet
- ☐ toes

© 2021 Acupuncture POINTS

Continue →

Diet & Food Preferences

~ Please detail answers ~

- ☐ average appetite
- ☐ always hungry
- ☐ lack of appetites

	like	dislike
bitter	☐	☐
salty	☐	☐
sour	☐	☐
spicy	☐	☐
sweet	☐	☐

I drink ☐ ounces of liquid each day

- ☐ I feel thirsty and drink a lot
- ☐ I feel thirsty and don't drink

I prefer ☐ hot ☐ cold drinks

Diet patterns and foods eaten:
~ details please ~

breakfast:

lunch:

dinner:

Sleep

Amount ☐ (hours per night)

Quality:
- ☐ deep
- ☐ restless
- ☐ insomnia

- ☐ trouble falling asleep
- ☐ trouble getting back to sleep
- ☐ not refreshed upon waking

Dreams:
- ☐ often
- ☐ average
- ☐ never

Women

~ Please detail answers ~

date of last menstruation: ☐

number of days in cycle:
amount of flow:
color:
odor:
cramping:
blood clots: yes__ no__
date of last Pap Smear __/___

Number of pregnancies:
- ☐ deliveries:
- ☐ caesareans:
- ☐ miscarriages:
- ☐ abortions:

Birth control pills used?
- ☐ No
- ☐ Yes, how long:
- ☐ Diaphragm / IUD

- ☐ premenstrual syndrome
- ☐ dysmenorrhea
- ☐ amenorrhea
- ☐ infertility
- ☐ endometriosis
- ☐ Pelvic Inflammatory Disease
- ☐ fibroids
- ☐ ovarian cysts

- ☐ abnormal pap smear
- ☐ cervical dysplasia
- ☐ vaginal discharge
- ☐ breast tenderness
- ☐ breast discharge
- ☐ Fibrocystic breast disease
- ☐ menopause
- ☐ peri-menopause

Sexual Energy (Qi) Interest: ☐ High ☐ Average ☐ Low Sexually active: ☐ Yes ☐ No

Men

☐ Prostatitis ☐ Infertility ☐ Impotent:

Sexual Energy (Qi) Interest: ☐ High ☐ Average ☐ Low Sexually active: ☐ Yes ☐ No

SUPPLEMENTS ~
While we often recommend supplements and herbs to our patients, you are under no obligation to purchase from us. We offer convenience, competitive prices and advice; however you may find better prices elsewhere. We encourage you to make the best decisions for yourself.

HEALTH INSURANCE ~
We are often asked, "Do you accept insurance?" The simple answer is "no". ***However***, it may still be possible for you to be reimbursed by your insurance carrier for treatment. Fortunately, more and more insurance companies are now covering acupuncture treatment, but we still have a long way to go. We have found that insurance companies are much more responsive to patients rather than providers. We will do whatever we can to help you receive reimbursement.

~ CANCELLATION POLICY ~
YOU WILL BE CHARGED THE FULL AMOUNT FOR ACUPUNCTURE OR MASSAGE APPOINTMENTS CANCELLED WITHOUT 24 HOURS NOTICE.
You are responsible for payment prior to scheduling your next session.

Yes, I have read and fully comply with this Cancellation Policy

My Initials: ______

© 2021 Acupuncture POINTS