Medical Qigong Clinic – Initial Intake

Personal Data

Name: _____ Birth date: _____

Street Address _____

City _____State _____ Postal Code _____

Telephone _____

Relationship Status: __ single __ married __ domestic partner __ widowed __ children (# ___)

Occupation:_____

Emergency Contact: _____ Telephone: _____ Relationship:_____

Currently in physicians care? _____

(medical / acupuncturist / herbalist / nutritionist /psychotherapist)

Purpose of care? _____

_____

Current Medication / Herbs:

_____

_____

Medical History

	Abortion		Emotional Problems		Hypo-tension
	Anemia		Environmental Sensitivity		Injuries
	Arthritis		Emphysema		Insomnia
	Asthma		Epilepsy		Irregular Pregnancy
	Bleeding Tendency		Headaches		Lung Disease
	Bronchitis		Heart Disease		Menstrual Irregularity
	Cancer		Hepatitis A B C		Surgery
	Chronic Fatigue		HIV Positive		Vaginal Infections
	Diabetes		Hypertension		Other:
	Digestive Disorder		Hypoglycemia		**Pregnant? ___ Yes ___ No**

Surgeries / Biopsies:

_____

_____

_____

Imaging Studies (Therapy or Diagnosis)

_____

_____

_____

Treatment History

Chemotherapy	Original	From		To:	
	Current	From		To:	
	Previous	From		To:	
Radiation	Original	From		To:	
	Current	From		To:	
	Previous	From		To:	

How and when was your current condition diagnosed? (Cyst, Tumor or Cancer)

_____

_____

_____

When did you first become aware of this condition? _____

Personal Reasons for Seeking Medical Qigong Treatment

_____

_____

_____

Lifestyle

Tobacco		Recreational drugs		Prayer/Higher Power	
Coffee		Birth control pills		Relaxation/Meditation	
Alcohol		Hormone replacement		Vitamins/Supplements	

1. **Diet**

   ___ Raw Foods ___Dairy ___Hot & Spicy food ___ Sugar ___ Vegetarian ___ Vegan

2. **Emotional Environment**

   Are you happy? _____

   Home: _____ Work: _____

   Current mood / Emotional state? _____

   Recurring emotional pattern? _____

3. **Current level of pain or discomfort?**

   Rate level of pain (0=No Pain / 10=Unbearable Pain) _____

   Frequency of pain: _____ often _____ occasionally ___ _____ infrequently