Root Healing Acupuncture

Patient's Name _____ Date _____

How did you hear about us? _____

**MAIN COMPLAINTS:**

1) _____ 2) _____

3) _____ 4) _____

If you have a pain condition, on a scale of 1 to 10, what is it at its worst? _____

How long have you suffered with this problem?

_____

Do you know how this problem may have started? (i.e. earlier accidents, injuries, physical stresses, fall, repetitive motion on the job etc.)

_____

Any other complaints: _____

Would you like improvement with any of the following?

- ☐ Digestion: Reflux, Gas, Constipation
- ☐ Hormones
- ☐ Sense of Well Being
- ☐ Energy

What have you tried doing to resolve this problem that DID NOT work?

_____

_____

How have you taken care of your health in the past?

- ☐ Medications
- ☐ Exercise
- ☐ Holistic
- ☐ Acupuncture/PT/Chiro
- ☐ Routine medical
- ☐ Diet and Nutrition
- ☐ Vitamins
- ☐ Other: _____

How did the previous methods work for you? _____

_____

_____

Are there any health conditions you are afraid this might turn into?

- ☐ Diminish future abilities
- ☐ Stress
- ☐ Weight gain
- ☐ Heart disease
- ☐ Depression
- ☐ Surgery
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes
- ☐ Other:

How does this problem interfere with the following areas in your life?

Work: _____

Family: _____

Hobbies: _____

Life: _____

The following questions are mindset questions. We believe that your mindset will affect how well you recover.

When your problem is at its worst, how does it make you feel?

_____

When your problem is at its worst, how much older does this make you feel? _____

Does this problem affect you more or your family? _____

What are you afraid this might affect without change? **Please check all that apply:**

- ☐ Job
- ☐ Marriage
- ☐ Freedom
- ☐ Finances
- ☐ Kids
- ☐ Sleep
- ☐ Future abilities
- ☐ Time

Where do you picture yourself being in the next 3-5years if this problem is not taken care of? Please be specific.

_____

Is there something you would like to do in life if it weren't for your problem? Please be specific.

_____

Are you here visiting us to:

- ☐ Resolve my immediate problem
- ☐ Lifestyle program for optimized health and living
- ☐ Both
- ☐ Other: _____

On scale of 1-10, what is your commitment to yourself in finding the ROOT of your problem? _____

Do you have any concerns? (i.e. Time, Transportations, Finances, etc.)

_____