

Firstly, my apologies for the amount of questions I am asking you and the time it will take to answer them all. Normally this information would come from a lengthy chat with you face to face. However, due to Covid, we must minimize our contact and treatment time, so that is why I am asking you to supply a lot of information before your treatment.

This is a PDF file that you can download and fill out on your computer. Simply download a copy and complete the questions as best as you can. Then save the form on your computer and email the completed PDF to me:- stroudacupunc@gmail.com

However, if completing a form on a computer is very difficult for you, then please let me know, and I will post a form to you to complete at home, which you can return to me at the address above. If you have problems writing, then I can arrange to talk to you by phone or Zoom, Facetime or Skype etc. to obtain the necessary pre-treatment information. In this case, it would be very helpful if you could read the form and have prepared your answers before I contact you.

The health problems that you have to suffer today, can often be a direct result of something unresolved in your body from the past. Therefore, please try and remember all the incidents from your past, especially your childhood. Did you fall from a tree and have to go to hospital; did you cut yourself badly falling off your bike; did you have childhood asthma that stopped when you were a teenager; were your menses difficult when they started, and so on any of these things can be a huge help in tailoring your acupuncture treatment. In particular do have any scars, do they trouble you still now? Did you have a 'C' section, what operations have you had. etc.

Can you please list your health problems in date order and state your age when the event happened.

Thanks and Regards – Lawrence

To move to the next Question, either use the <TAB> key or select the next question box with the mouse

Name: **Birthdate:** **Age**

Occupation: **E-mail:**

Your mobile/home-phone number:

Your postal address:

Postcode:

How did you hear about 'Stroud Acupuncture'

Can you please explain why you are coming for acupuncture and what you hope to achieve from the treatment.

Please fill out the following medical health history questions as accurately and fully as you can

Can you please click the box alongside if you have any of the following health problems:

Autoimmune condition

Blood Pressure (high or low)

Cardiac problems

Diabetes

Thyroid (hyper or hypo)

Chronic Pain

COPD

Allergies

Hormonal problems

Cysts

Anxiety

Insomnia

Neurological problems

Other – Health problems

If you have ticked ‘Other’ – please give details

If you have ticked any boxes above, then please give more details in the relevant age-band below! – [Please list in chronological order and state the age that the event happened]

Birth history [Was your mother ill whilst she was pregnant with you; did she have any medical procedures or medications; were you premature etc.]

Vaccination history [any reactions to vaccines, unusual vaccinations, etc. - Please list in chronological order and state age that event happened, and how long any health problem lasted]

Childhood Illnesses (0-12) [any surgeries, accidents, scars, injuries, major events, health problems- Please list in chronological order and state age that event happened, and how long any health problem lasted]

Adolescence Illnesses (12-18) [any surgeries, accidents, scars, injuries, major events, health problems- Please list in chronological order and state age that event happened, and how long any health problem lasted]

Adulthood (18+) [any surgeries, accidents, scars, injuries, major events, health problems- Please list in chronological order and state age that event happened, and how long any health problem lasted]

Children/Gynecological problems: [have you had children; were they natural births; any problems; and gyni problems]

Family History: [Please note all major illnesses in your immediate family (parents, grandparents, brother and sisters), e.g., diabetes, heart disease, hypertension, neurological, blood, psychological, or orthopedic disorders, etc.]

Are you taking any medications: [Please note any medications you are taking at present or recently (this includes birth control or HRT)]

Emotional life: [Are you a calm placid person; angry; on a short fuse; always anxious; depressed; yo-yoing from highs to lows; grumpy; etc.]

Serious life events: [has anything happened, particularly around the time your health problems started]

Stress Factors: [are there particular factors in your life putting you under stress]

Pain: [as you fill out this questionnaire, are you aware of any pain anywhere in your body or odd sensations etc.]

Sleep: [how is your sleeping; do you get to sleep quickly or slowly; how many times do you get up in the night; do you feel rested in the morning etc;]

Breathing: [how is your breathing at present, any problems or difficulties?]

Energy: [if 5/5 is being full of energy, what is your normal score:]....., and if it is a low score, how do you feel [tired; dragging limbs about; heavy legs; weak; spiritless; weary; listless; etc]

Exercise: [How much exercise or activity do you get in a day? Do you walk; cycle; go to the gym; dance; do yoga; lots of housework; etc.]

Temperature: [Do you feel the cold and often put clothes on/off; do you feel hot; do you get night sweats or hot flushes; are your hands and feet cold etc.]

Do you like chocolate: [do have you a sweet tooth; do you think you have more than 50 grams of sugar a day (7 teaspoons)?]

Diet: [please can you briefly describe a typical days meals]

Thank you for taking the time to complete this questionnaire. It will enable me to better prepare for your diagnosis and treatment and will enable me to tailor the treatment to fit your needs more effectively – Lawrence

This is a PDF file that you can download and fill out on your computer. Simply download a copy and complete the questions as best as you can. Then save the form on your computer and email the completed PDF to: stroudacupunc@gmail.com.

However, if completing a form on a computer is very difficult for you, then please let me know, and I will post a form to you to complete at home, which you can return to me at the address above. If you have problems writing, then I can arrange to talk to you by phone or Zoom, Facetime or Skype etc. to obtain the necessary pre-treatment information. In this case, it would be very helpful if you could read the form and have prepared your answers before I contact you.