Medical Qigong Clinic – Initial Intake

Personal Data

Name: _____ Birth date: _____

Email _____ Referred By _____

Street Address _____

City _____ State _____ Postal Code _____

Telephone Cell _____

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

I hereby declare all of the above is complete and true to the best of my understanding:

Client Signature: Date: