



**CURRENT MEDICAL HISTORY**

List which health problems you are seeking treatment for in order of importance to you: (i.e. #1 being most painful or problematic, #4 being least painful or problematic)

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

List any medications, supplements and/or herbs you are currently taking and why:

- 1. \_\_\_\_\_ 4. \_\_\_\_\_
- 2. \_\_\_\_\_ 5. \_\_\_\_\_
- 3. \_\_\_\_\_ 6. \_\_\_\_\_

List any allergies: \_\_\_\_\_

Do you have a pacemaker?                      Yes                      No

Are you currently pregnant?                      Yes                      No

Do you have any of the following:

- 1. A change in bowel or bladder habits
- 2. A sore that doesn't heal
- 3. Any unusual bleeding or discharge
- 4. Thickening or lump in breast or elsewhere
- 5. Indigestion or difficulty swallowing
- 6. Obvious change in a wart or mole
- 7. Nagging cough or hoarseness

**PAST MEDICAL HISTORY**

List any accidents, surgeries or hospitalizations, including approximate dates:

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

Indicate any significant illness **you** have now or have had previously:

Cancer \_\_\_\_\_ Diabetes \_\_\_\_\_ Hepatitis \_\_\_\_\_ Heart Disease \_\_\_\_\_ Emotional Disorders \_\_\_\_\_ HIV \_\_\_\_\_

Please indicate the use and frequency of the following substances:

Tobacco/Marijuana: \_\_\_\_\_ Coffee/Black Tea: \_\_\_\_\_

Alcohol: \_\_\_\_\_ Drugs: \_\_\_\_\_

**CURRENT HEALTH STATUS**

- A. Your current stress level is:                      B. Any recent use of antibiotics?  
                     Low    Medium    High    Yes                      No
- C. Your current weight is \_\_\_\_\_ lbs.      D. Your current height is \_\_\_\_\_ ft. \_\_\_\_\_ inches
- E. Your last cholesterol level: \_\_\_\_\_      F. Your last blood pressure reading: \_\_\_\_/\_\_\_\_

**GENERAL HEALTH QUESTIONNAIRE (please circle answers)**

**BODY TEMPERATURE**

- 1. In general, your body temperature is:  
                     cold all over                      cold hands & feet                      normal                      hot
- 2. Are you currently having any of the following:  
                     low grade fever                      fever                      chills                      none

**PERSPIRATION**

- 1. Do you:  
                     sweat too easily                      sweat on exertion only                      cannot sweat                      night sweat

**HEADACHES/DIZZINESS**

- 1. Do you have headaches:                      yes                      no
- 2. If you do, how often do you have them:  
                     daily                      weekly                      monthly                      rarely
- 3. Where is the pain:  
                     frontal/sinus                      temples                      side of head                      back of head                      top of head
- 4. Do you have dizziness?                      yes                      no



**EMOTIONAL/MENTAL**

1. Do you experience any of the following frequently?  
 depression      irritability      worry      fear      anxiety      anger

**URINATION**

1. Usually, how many times do you urinate each day?      1-2      2-3      4-5      5+
2. Usually, how many times do you urinate each night?      0      1      2      3+
3. Is there any pain or discomfort on urination?      yes      no

**ELIMINATION**

1. Usually, how many times do you move your bowels each day?      0      1      2      2+
2. The consistency of the stool is?  
    diarrhea      loose      formed      over dry

**WOMEN ONLY**

1. Do you have a menstrual cycle?      not yet      yes      no
2. Are you using birth control?      yes      no      What type? \_\_\_\_\_
3. Is your cycle regular?      yes      no
4. How many days does your period last?      2-3      4-5      6-7      7+
5. Do you have any problems related to your cycle?  
     PMS      Cramps      Breast tenderness      spotting between      yeast infections
6. Do you have any sexually transmitted disease, if so which one?  
     herpes      genital warts      chlamydia      other
7. When was you last gynecological exam? \_\_\_\_\_ Results: \_\_\_\_\_

**MEN ONLY**

1. Are you having any problems with sexual dysfunction?      yes      no
2. Do you have any pain or testicular masses?      yes      no
3. Have you had a P.S.A. test?      yes      no      Results? \_\_\_\_\_



**Acu-Care Health Centers**  
Acupuncture • Herbal Pharmacy • Nutritional Medicine  
Kimberly Hoover, L.Ac., Clinical Director  
Barbara Vallarta, L.Ac. • Leah Tinkham, L.Ac.

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## Cancellation Policy

We strive to give each one of our patients the very best service possible. We value your patronage and look forward to a long and rewarding relationship.

It is in this spirit that we would like to inform you of our policy concerning missed appointments.

To discourage no-shows and same day cancellations, we must require that 24 hours notice be given to cancel or reschedule appointments. If 24 hours notice is not given there will be a fee of \$50.00.

We regret the need for this policy and sincerely hope you will not be affected by it.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Dear Patient,

Some of you have been with me for many years now, and some of you are just new to this office. If you have been a patient for awhile, you know how much I value a friendly, trusting and caring atmosphere. This continues to be important to me. However, there have been recent changes in insurance practices which, much to my dismay, are affecting my practice.

It is quickly becoming standard procedure for insurance companies in California to require medical practices to use arbitration agreements. This is a legal agreement which relates to medical malpractice. In simplest terms, it states that should such a dispute occur, you are giving up your right to have that dispute decided in court, but you are agreeing to an arbitration instead.

You will be required to sign an arbitration agreement when you come in for your first visit for compliance with my insurance carrier.

Most respectfully yours,

Kimberly Hoover, L.Ac.  
Licensed Acupuncturist