Cayly Christensen, L.Ac. 3735 SE Division Street Portland, OR 97202 Ph: 503.302.4303

## PATIENT INFORMATION AND HEALTH HISTORY

Patient Name	Date of Birth
Address	
City State	Zip code
Home phone	Cell phone
Work phone	_ Email
Would you like to be added to my email and special offers? Yes No	l list to receive updates
How did you hear about me?	
What is your preferred name? (Nicknam	
What is your birth sex?	
What gender do you identify as?	
What is your preferred pronoun? He	e She Other (please specify)
Occupation	Hours worked per week
Marital Status: □ Single □ Married□ Par	tnership □ Divorced/Separated □ Widowed
With whom do you live? ☐ Spouse	☐ Partner ☐ Parents ☐ Roommates
☐ Children	n □ Alone
Emergency Contact	
Relationship	Phone

## Basic Medical History and Personal Information

When did you last visit a doctor's office, medical clinic, or hospital? Please explain.
What is the main reason for your visit today?
Please list your top 3 health concerns.
1
3Are you aware of any allergies to food, drugs, or environmental allergens (cats, mold, dust, etc.)? If yes, please list and explain
Please list all hospitalizations and surgeries, including dates and outcomes:
What diagnostic imaging studies have you had?  □ Bone density scan □ Mammogram □ Electrocardiogram □ Electroencephalogram  □ X-rays □ CT scan □ MRI

Do you take or use any of the followi	ng:
□ Antacids	<ul> <li>□ Diet pills, appetite suppressants</li> <li>□ Thyroid medication</li> <li>□ Laxatives</li> <li>□ Antibiotics</li> </ul>
Please least any prescription medication	ns, over-the-counter medications, vitamins, or other
supplements you are taking:	
Height: Weight:	Weight one year ago: When?
Family Medical History	
Is your mother still living? If ye	s, her age: If no, her age at time of death:
Cause of death:	
Is your father still living? If ye	es, his age: If no, his age at time of death:
Cause of death:	
Do you have a family history of any of	of the following:
□Anemia □Diabetes □Arthritis □Epilepsy □Asthma □Gall bladder disease □Cancer □Glaucoma □Cataracts □Goiter	☐ Hayfever/hives ☐ Liver disease ☐ Heart disease ☐ Mental illness se ☐ Heart murmur ☐ Stroke ☐ High blood pressure ☐ Tuberculosis ☐ Kidney disease

**Please circle one:** Y for a condition you have now; P for a condition you have had in the past; N for never had:

Skin				Neck
Rashes	Y	P	N	Swollen glands Y P N
Eczema, hives	Y	P	N	Lumps/Goiter Y P N
Acne, boils	Y	P	N	Pain or stiffness Y P N
Itching	Y	P	N	
Color change	Y	P	N	Chest
Lumps	Y	P	N	Asthma Y P N
Night sweats	Y	P	N	Bronchitis Y P N
				Pneumonia Y P N
Head				Emphysema Y P N
Headache	Y	P	N	Difficulty breathing Y P N
Head injury	Y	P	N	Pain on breathing Y P N
Migraines	Y	P	N	Tuberculosis Y P N
Eyes				Cardiovascular
Impaired vision	Y	P	N	Heart disease Y P N
Glasses/contacts	Y	P	N	High blood pressure Y P N
Eye pain	Y	P	N	Murmurs Y P N
Tearing, dryness	Y	P	N	Rheumatic fever Y P N
Double vision	Y	P	N	Chest pain Y P N
Glaucoma	Y	P	N	Swollen ankles Y P N
Cataracts	Y	P	N	Palpitations Y P N
Ears				Respiratory
Impaired hearing	Y	P	N	Cough Y P N
Ringing	Y	P	N	Sputum Y P N
Earache	Y	P	N	Spitting up blood Y P N
Dizziness	Y	P	N	Wheezing Y P N
Nose and Sinuses				
Frequent colds	Y	P	N	Urinary
Nose bleeds	Y	P	N	Pain on urination Y P N
Stuffiness	Y	P	N	Increased frequency Y P N
Allergies	Y	P	N	Frequency at night Y P N
Sinus problems	Y	P	N	Kidney stones Y P N
-				Inability to urinate Y P N
<b>Mouth and Throat</b>				Weak urine stream Y P N
Sore throat	Y	P	N	
Sore tongue	Y	P	N	
Gum problems	Y	P	N	
Hoarseness	Y	P	N	
Dental cavities	Y	P	N	

How often do you have a bowel movement?  Is this a change?  Is this a change?  Y P N Drinks per week:  Trouble swallowing Y P N Use tobacco Y P N Heartburn Y P N Use tobacco Y P N Heartburn Y P N Homore in thirst Y P N Homore in appetite Y P N Ho	Gastrointestinal				Social			
Is this a change? Y P N Use tobacco Y P N Hearthurn Y P N Use tobacco Y P N N Hearthurn Y P N In what quantity:  Change in thirst Y P N In what quantity:  Change in appetite Y P N Musculoskeletal  Nausea /vomiting Y P N Joint pain/stiffness Y P N Joint pain/stiffn	How often do you have a bowel				Use rec. drugs	Y	P	N
Trouble swallowing Y P N Use tobacco Y P N Heartburn Y P N In what quantity:  Change in thirst Y P N Musculoskeletal  Nausea /vomiting Y P N Joint pain/stiffness Y P N Joint pain/stif	movement?				Use alcohol	Y	P	N
Heartburn Y P N In what quantity:	Is this a change?	Y	P	N	Drinks per week:			
Change in thirst Y P N Change in appetite Y P N Change in appetite Y P N Sussea /vomiting Y P N Vomiting blood Y P N Gas/bloating/belching Y P N Ulcer Y P N Hemorrhoids Y P N Hemorrhoids Y P N Hemorrhoids Y P N Heat/cold intolerance Y P N Heat/cold intolerance Y P N Excessive thirst Y P N Excessive hunger Y P N Excessive hunger Y P N Excessive hunger Y P N Fasst Self exams Y P N Cold hands/feet Y P N Lumps Y P N Easy bleeding/bruises Y P N Tenderness/Pain Y P N Nipple discharge Y P N Nipple discharge Y P N Nipple discharge Y P N Numbness/Tingling Y P N Sexually active Y P N Numbness/Tingling Y P N Sexual difficulties Y P N Contonal Depression Y P N Sexual difficulties Y P N Prostate disease Y P N Nood swings Y P N Sexual preference: Tension Y P N Sexual preference: Tension Bisexual	Trouble swallowing	Y	P	N	Use tobacco	Y	P	N
Change in appetite Y P N Musculoskeletal Nausea /vomiting Y P N Joint pain/stiffness Y P N Comiting blood Y P N Arthritis Y P N Gas/bloating/belching Y P N Broken bones Y P N Liver disease Y P N Muscle spasms Y P N Call bladder disease Y P N Clicer Y P N Muscle spasms Y P N Clicer Y P N Broken bones Y P N Clicer Y P N Muscle spasms Y P N Clicer Y P N Broken bones Y P N Clicer Y P N Broken bones Y P N Clicer Y P N Muscle spasms Y P N Clicer Y P N Endocrine Hemorrhoids Y P N Broken bones Y P N Cold hands/feet Y P N Excessive thirst Y P N Cold hands/feet Y P N Excessive thirst Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Excessive hunger Y P N Cold hands/feet Y P N Cold hands/fee	Heartburn	Y	P	N	In what quantity:			
Nausea /vomiting Y P N Joint pain/stiffness Y P N Vomiting blood Y P N Arthritis Y P N Gas/bloating/belching Y P N Broken bones Y P N Liver disease Y P N Muscle spasms Y P N Gall bladder disease Y P N Muscle spasms Y P N Gall bladder disease Y P N Diabetes Y P N Diabetes Y P N Heat/cold intolerance Y P N Heat/cold intolerance Y P N Heat/cold intolerance Y P N Heat/cold hands/feet Y P N Excessive thirst Y P N Excessive thirst Y P N Excessive hunger Y P N Excessive hunger Y P N Easy bleeding/bruises Y P N Lumps Y P N Easy bleeding/bruises Y P N Tenderness/Pain Y P N Nipple discharge Y P N Nipple discharge Y P N Nipple discharge Y P N Numbness/Tingling Y P N Testicular masses Y P N Numbness/Tingling Y P N Sexually active Y P N Emotional  Emotional  Emotional  Faniting Y P N Discharge Y P N Sexual difficulties Y P N Norostate disease Y P	Change in thirst	Y	P	N				
Vomiting blood Y P N Broken bones Y P N Liver disease Y P N Muscle spasms Y P N Muscle	Change in appetite	Y	P	N	Musculoskeletal			
Gas/bloating/belching Liver disease Y P N Liver disease Y P N Gall bladder disease V P N Ulcer V P N Endocrine Hemorrhoids V P N Hypothyroid V P N Hypothyroid V P N Heat/cold intolerance V P N Heat/cold intolerance V P N Cold hands/feet V P N Excessive thirst V P N Varicose veins V P N  Breast Self exams Self exams V P N Easy bleeding/bruises V P N Easy bleeding/bruises V P N Feurological Fainting V P N Muscle weakness V P N Muscle weakness V P N Muscle weakness V P N Sexually active V P N Prostate disease V P N Mood swings V P N Sexual preference: Tension V P N Sexual preference: Bisexual  Heterosexual Bisexual	Nausea /vomiting	Y	P	N	Joint pain/stiffness	Y	P	N
Liver disease Y P N Muscle spasms Y P N Gall bladder disease Y P N Ulcer Y P N Ulcer Y P N Hemorrhoids Y P N Hemorrhoids Y P N Hemorrhoids Y P N Hemorrhoids Y P N Hypothyroid Y P N Heat/cold intolerance Y P N Cold hands/feet Y P N Excessive thirst Y P N Cold hands/feet Y P N Varicose veins Y P N  Breast Blood Self exams Y P N Easy bleeding/bruises Y P N Lumps Y P N Easy bleeding/bruises Y P N Nipple discharge Y P N Nuscle weakness Y P N Muscle weakness Y P N Numbness/Tingling Y P N Loss of memory Y P N Sexually active Y P N Emotional  Pemotional Y P N Sexual difficulties Y P N Mood swings Y P N Mood swings Y P N Sexual preference: Tension Y P N Sexual preference: Bisexual	Vomiting blood	Y	P	N	Arthritis	Y	P	N
Gall bladder disease Y P N Ulcer Y P N Endocrine  Hemorrhoids Y P N Diabetes Y P N Peripheral vascular  Deep leg pain Y P N Excessive thirst Y P N Cold hands/feet Y P N Excessive hunger Y P N Varicose veins Y P N  Breast  Blood Self exams Y P N Easy bleeding/bruises Y P N Lumps Y P N Easy bleeding/bruises Y P N Tenderness/Pain Y P N Neurological Fainting Y P N Hernias Y P N Muscle weakness Y P N Hernias Y P N Muscle weakness Y P N Testicular masses Y P N Numbness/Tingling Y P N Sexually active Y P N Loss of memory Y P N Sexual difficulties Y P N Emotional V P N Discharge Y P N Mood swings Y P N Sores Y P N Anxiety Y P N Sexual preference: Tension Y P N Sexual Bisexual	Gas/bloating/belching	Y	P	N	Broken bones	Y	P	N
Ulcer Y P N Diabetes Y P N Peripheral vascular Deep leg pain Y P N Excessive thirst Y P N Cold hands/feet Y P N Varicose veins Y P N Easy bleeding/bruises Y P N Easy bleeding/bruises Y P N Coidalanting Y P N Excessive hunger Y P N Easy bleeding/bruises Y P N Discharge Y P N Numbness/Tingling Y P N Sexuall jeficulties Y P N Loss of memory Y P N Emotional Diabetes Y P N Diabetes Y P N Heat/cold intolerance Y P N Excessive thirst Y P N Excessive hunger Y P N	Liver disease	Y	P	N	Muscle spasms	Y	P	N
Hemorrhoids Y P N Diabetes Y P N Peripheral vascular  Deep leg pain Y P N Excessive thirst Y P N Excessive hunger Y P N Excessive hunger Y P N P N Poritions P N P N P N P N P N P N P N P N P N P	Gall bladder disease	Y	P	N				
Peripheral vascular  Deep leg pain Y P N Excessive thirst Y P N Cold hands/feet Y P N Excessive hunger Y P N Excessive hunger Y P N Excessive hunger Y P N Self exams Y P N Easy bleeding/bruises Y P N Lumps Y P N Easy bleeding/bruises Y P N N Tenderness/Pain Y P N N Nipple discharge Y P N N Nipple discharge Y P N N Nipple discharge Y P N N Nip	Ulcer	Y	P	N	Endocrine			
Peripheral vascular  Deep leg pain Y P N Excessive thirst Y P N  Cold hands/feet Y P N Excessive thirst Y P N  Varicose veins Y P N  Breast  Blood Self exams Y P N  Easy bleeding/bruises Y P N  Nipple discharge Y P N  Neurological  Fainting Y P N Hernias Y P N  Muscle weakness Y P N  Muscle weakness Y P N  Numbness/Tingling Y P N  Loss of memory Y P N  Emotional  Depression Y P N  Mood swings Y P N  Anxiety Y P N  Excessive thirst Y P N  Lumps  Self exams  Y P N  Hernias Y P N  For Sexually active Y P N  Prostate disease Y P N  Prostate disease Y P N  Prostate disease Y P N  Emotional  Venereal disease Y P N  Mood swings Y P N Sores Y P N  Anxiety Y P N Sores Y P N  Heterosexual  Bisexual	Hemorrhoids	Y	P	N	Diabetes	Y	P	N
Deep leg pain Y P N Excessive thirst Y P N Cold hands/feet Y P N Excessive hunger Y P N Varicose veins Y P N Excessive hunger Y P N Sexual preference:  Blood Self exams Y P N Sexual preference:  Breast Self exams Y P N Lumps Y P N Lumps Y P N N Tenderness/Pain Y P N Nipple discharge Y P N Nipple d					Hypothyroid	Y	P	N
Cold hands/feet         Y         P         N         Excessive hunger         Y         P         N           Varicose veins         Y         P         N         Excessive hunger         Y         P         N           Breast         Self exams         Y         P         N           Anemia         Y         P         N         Lumps         Y         P         N           Easy bleeding/bruises         Y         P         N         Lumps         Y         P         N           Easy bleeding/bruises         Y         P         N         Tenderness/Pain         Y         P         N           Neurological         Fainting         Y         P         N         Male reproductive         N         N         N         N         Male reproductive         N	Peripheral vascular				Heat/cold intolerance	Y	P	N
Varicose veins         Y         P         N           Blood         Self exams         Y         P         N           Anemia         Y         P         N         Lumps         Y         P         N           Easy bleeding/bruises         Y         P         N         Lumps         Y         P         N           Neurological         Teinting         Y         P         N         Male reproductive         Y         P         N           Seizures         Y         P         N         Hernias         Y         P         N           Muscle weakness         Y         P         N         Testicular masses         Y         P         N           Numbness/Tingling         Y         P         N         Sexually active         Y         P         N           Loss of memory         Y         P         N         Sexual difficulties         Y         P         N           Emotional         Y         P         N         Discharge         Y         P         N           Mood swings         Y         P         N         Sexual preference:         Y         P         N           Tension	Deep leg pain	Y	P	N	Excessive thirst	Y	P	N
Blood  Anemia Y P N Lumps Y P N Easy bleeding/bruises Y P N Neurological Fainting Y P N Male reproductive Seizures Y P N Male reproductive Seizures Y P N Hernias Y P N Muscle weakness Y P N Testicular masses Y P N Numbness/Tingling Y P N Sexually active Y P N Loss of memory Y P N Sexual difficulties Y P N Emotional  Depression Y P N Discharge Y P N Mood swings Y P N Sores Y P N Anxiety Y P N Sexual preference: Tension Y P N Sexual Bisexual Bisexual	Cold hands/feet	Y	P	N	Excessive hunger	Y	P	N
Blood Anemia Y P N Lumps Y P N Easy bleeding/bruises Y P N Nipple discharge Y P N Numbroad Y P N Muscle weakness Y P N Numbroad Y P N Loss of memory Y P N Loss of memory Y P N Emotional  Depression Y P N Discharge Y P N Nood swings Y P N Nood sexual preference: Tension Y P N Netrodical P N Nood Sexual preference: Tension Heterosexual Bisexual Bisexual	Varicose veins	Y	P	N				
Anemia Y P N Lumps Y P N  Easy bleeding/bruises Y P N Tenderness/Pain Y P N  Nipple discharge Y P N  Nipple discharge Y P N  Neurological  Fainting Y P N Male reproductive  Seizures Y P N Hernias Y P N  Muscle weakness Y P N Testicular masses Y P N  Numbness/Tingling Y P N Sexually active Y P N  Loss of memory Y P N Sexual difficulties Y P N  Prostate disease Y P N  Emotional Venereal disease Y P N  Mood swings Y P N Sores Y P N  Mood swings Y P N Sexual preference:  Tension Y P N Sexual preference:  Tension Heterosexual  Bisexual					Breast			
Easy bleeding/bruises Y P N Tenderness/Pain Y P N Nipple discharge Y P N  Neurological Fainting Y P N Male reproductive Seizures Y P N Hernias Y P N  Muscle weakness Y P N Testicular masses Y P N  Numbness/Tingling Y P N Sexually active Y P N  Loss of memory Y P N Sexual difficulties Y P N  Prostate disease Y P N  Emotional Venereal disease Y P N  Mood swings Y P N Sores Y P N  Anxiety Y P N Sexual preference:  Tension Y P N Heterosexual Bisexual Bisexual	Blood				Self exams	Y	P	N
Neurological Fainting Y P N Male reproductive Seizures Y P N Hernias Y P N Muscle weakness Y P N Testicular masses Y P N Numbness/Tingling Y P N Sexually active Y P N Loss of memory Y P N Sexual difficulties Y P N Prostate disease Y P N Emotional Venereal disease Y P N Mood swings Y P N Sores Y P N Anxiety Y P N Sexual preference: Tension Y P N Heterosexual Bisexual Bisexual	Anemia	Y	P	N	Lumps	Y	P	N
Neurological Fainting Y P N Male reproductive Seizures Y P N Hernias Y P N Muscle weakness Y P N Testicular masses Y P N Numbness/Tingling Y P N Sexually active Y P N Loss of memory Y P N Sexual difficulties Y P N Prostate disease Y P N  Emotional Venereal disease Y P N Mood swings Y P N Sores Y P N Anxiety Y P N Sexual preference: Tension Y P N Heterosexual Bisexual	Easy bleeding/bruises	Y	P	N	Tenderness/Pain	Y	P	N
Fainting Y P N Male reproductive Seizures Y P N Hernias Y P N Muscle weakness Y P N Testicular masses Y P N Numbness/Tingling Y P N Sexually active Y P N Loss of memory Y P N Sexual difficulties Y P N Prostate disease Y P N Depression Y P N Discharge Y P N Mood swings Y P N Sores Y P N Anxiety Y P N Sexual preference: Tension Y P N Heterosexual Bisexual					Nipple discharge	Y	P	N
Seizures Y P N Hernias Y P N  Muscle weakness Y P N Testicular masses Y P N  Numbness/Tingling Y P N Sexually active Y P N  Loss of memory Y P N Sexual difficulties Y P N  Prostate disease Y P N  Emotional Venereal disease Y P N  Depression Y P N Discharge Y P N  Mood swings Y P N Sores Y P N  Anxiety Y P N Sexual preference:  Tension Y P N Heterosexual  Bisexual	Neurological							
Muscle weakness       Y       P       N       Testicular masses       Y       P       N         Numbness/Tingling       Y       P       N       Sexually active       Y       P       N         Loss of memory       Y       P       N       Sexual difficulties       Y       P       N         Prostate disease       Y       P       N       Venereal disease       Y       P       N         Depression       Y       P       N       Discharge       Y       P       N         Mood swings       Y       P       N       Sores       Y       P       N         Anxiety       Y       P       N       Sexual preference:       Heterosexual	Fainting	Y	P	N	Male reproductive			
Numbness/Tingling Y P N Sexually active Y P N Loss of memory Y P N Sexual difficulties Y P N Prostate disease Y P N  Emotional Venereal disease Y P N Depression Y P N Discharge Y P N Mood swings Y P N Sores Y P N Anxiety Y P N Sexual preference: Tension Y P N Heterosexual Bisexual	Seizures	Y	P	N	Hernias	Y	P	N
Loss of memory  Y P N Sexual difficulties Y P N Prostate disease Y P N Venereal disease Y P N Depression Y P N Discharge Y P N Mood swings Y P N Sores Y P N Heterosexual Bisexual	Muscle weakness	Y	P	N	Testicular masses	Y	P	N
Prostate diseaseYPNEmotionalVenereal diseaseYPNDepressionYPNDischargeYPNMood swingsYPNSoresYPNAnxietyYPNSexual preference:TensionYPNHeterosexual	Numbness/Tingling	Y	P	N	Sexually active	Y	P	N
EmotionalVenereal diseaseYPNDepressionYPNDischargeYPNMood swingsYPNSoresYPNAnxietyYPNSexual preference:TensionYPNHeterosexualBisexual	Loss of memory	Y	P	N	Sexual difficulties	Y	P	N
Depression Y P N Discharge Y P N Mood swings Y P N Sores Y P N Anxiety Y P N Sexual preference: Tension Y P N Heterosexual Bisexual					Prostate disease	Y	P	N
Mood swings Y P N Sores Y P N Anxiety Y P N Sexual preference: Tension Y P N Heterosexual Bisexual	Emotional				Venereal disease	Y	P	N
Anxiety Y P N Sexual preference: Tension Y P N Heterosexual Bisexual	Depression	Y	P	N	Discharge	Y	P	N
Tension Y P N Heterosexual Bisexual	Mood swings	Y	P	N	Sores	Y	P	N
Bisexual	Anxiety	Y	P	N	Sexual preference:			
	Tension	Y	P	N				
Homesannal								
Homosexual					Homosexual			

Female reproductive			
# Days of bleeding			
Length of cycles	_		
Bleed between periods	Y	P	N
Irregular cycles	Y	P	N
Painful menses	Y	P	N
Excessive flow	Y	P	N
Pain with intercourse	Y	P	N
Birth control	Y	P	N
What type?			
# of Pregnancies			
# of miscarriages			
# of abortions			
Difficulty conceiving	Y	P	N
Menopause symptoms Y	P N	1	
Sexually active	Y		
Sexual difficulties	Y	P	N
Venereal diseases	Y	P	N
Sexual preference:			
Heterosexual			
Bisexual			
Homosexual			
Is there enything also you	woul	4 I:	ike me to know to help serve you better?
is there anything else you	woul	un	ike the to know to help serve you better.