

- * highlight relevant for your condition option(s) if your answer is "Yes"
- * leave blank if your answer is "No"
- * fill in from left to right

Anamnesis (Medical History) F

1 . General Information

-
- 1.1**
- * **first name, last name:**
 * personal number (if available, if not - give date of birth):
 * date of the 1st (planned) visit:
-
- 1.2**
- * **address:**
 * street, city, postal code (zip code):
 * mob phone:
 * e-mail:
 * occupation:
-
- 1.3**
- * height:
 * weight:
-
- 1.4**
- * **blood pressure, BP:**
 * normal
 * high/ low
 * provide your usual BP readings (if high or low):
-
- 1.5**
- * **occupational concerns, double click if your work (hobby) exposes you to the following:**
- | | |
|--|--|
| <ul style="list-style-type: none"> * stress * exposure to wind/cold/heat/moisture/dryness conditions * negative environmental influence (which?): * computer (prolonged use) | <ul style="list-style-type: none"> * prolonged sitting * heavy lifting * night shifts * other: |
|--|--|
-
- 1.6**
- * **exercise:**
 * regular exercise
 * irregular exercise
 * extensive exercise
 * no exercise
-
- 1.7**
- * **diet:**
- | | | |
|---|--|--|
| <ul style="list-style-type: none"> * regular food intake * irregular food intake * low-fat | <ul style="list-style-type: none"> * low-carb * high protein * vegetarian | <ul style="list-style-type: none"> * vegan * high fiber * other: |
|---|--|--|
-
- 1.8**
- * **pure water intake** (coffee/tea, juice, soup and soft drinks are not considered as pure water):
 * approx. glasses per day:
-
- 1.9**
- * **stimulants (legal intoxicants):**
- | | |
|--|---|
| <ul style="list-style-type: none"> * caffeine: * coffee (cups/day): * black/green tea (cups/day): * soft drinks (cups/day): * carbonated drinks (how often): * energy drinks (how often): | <ul style="list-style-type: none"> * ephedrine: * nicotine: past, present * alcohol (how often, how much): * alcohol abuse: past, present * recreational drugs: past, present |
|--|---|
-
- 1.10**
- * have you had acupuncture before: y / n
 * did you have a positive experience/outcome: y / n
-
- 1.11**
- * **how did you hear about us:**
- | | |
|---|---|
| <ul style="list-style-type: none"> * internet * doctor * advertisement | <ul style="list-style-type: none"> * friend * reference * other: |
|---|---|

- * highlight relevant for your condition option(s) if your answer is "Yes"
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2. CC (Chief Complaints)

* chief complaint(s) (in order of importance to you): 2.1

- * mark (at the end of the description of your complaint) the intensity of the disorder, as: *-S-*, slight; *-M-*, moderate; *-S-*, severe
- 1.
- 2.
- 3.
- 4.
- 5.

* your condition is: 2.2

- * *acute* (a newly occurred condition that can come and go, but has not been present for longer than three months)
- * *chronic* (persists longer than for 3 months)
- * *acute on chronic* (an acute exacerbation of a chronic condition)

* have you received a *medical diagnosis* for your complaints/condition(s): yes/ no 2.3

- * if yes, then specify what *diagnosis*:

* when/how did this condition occur (give dates if possible): 2.4

*

* character of pain (specify, and/or highlight more than one option, if applicable): 2.5

* location:

*

* quality:

- | | | |
|-------------|-------------------------|--------------------------|
| * smarting | * lingering | * + feeling of heaviness |
| * burning | * well localized | * + feeling of tingling |
| * throbbing | * radiating | * + feeling of cold |
| * dull | *wandering to different | |
| * achy | locations | |

* intensity:

- * *S, M, S*

* onset:

- * slow, sudden

* triggering conditions:

- * overuse, still being, certain positions, other:

* point in time:

- * morning, afternoon, night, in no particular time

* frequency:

- * constant, intermittent

* is your condition aggravated by: 2.6

- | | | |
|---------------------------------|--------------------------------------|----------------------------|
| * motion/ rest | * time of the day (specify what): | * particular circumstances |
| * hot/cold compress application | * time of the year (specify what): | * emotions |
| * applying pressure | * particular climate (specify what): | |

* is your condition alleviated by:

- * motion/ rest
- * hot/cold compress application
- * applying pressure

* have you received medical treatment(s) for this condition, if yes, specify which: 2.7

*

* have you received an alternative medicine treatment(s) for this condition, if yes, specify which: 2.8

- | | | |
|--|-----------------------|---------------------|
| * herbal therapy | * hot/cold compress | * chiropractic |
| * massage | * cupping | * magnet therapy |
| * TENS (transcutaneous electrical nerve stimulation) | * liniments/ointments | * hot stone massage |
| | * homeopathy | * Ayurveda, other: |

* what treatments (if any) alleviated this condition the most? 2.9

*

- * highlight relevant for your condition option(s) if your answer is "Yes"
- * leave blank if your answer is "No"
- * fill in from left to right

3 HPI: History of the Present Illness

*** do you have a blood-borne disease:**
 * HIV, hepatitis B, hepatitis C, viral hemorrhagic fevers, other: -3.1

*** do you have:**
 * metal implant (do not include dental implants), specify where:
 * artificial cardiac pacemaker -3.2

*** do (did) you suffer any of the following medical conditions:** -3.3

- | | | |
|--|--|---------------------------------|
| * autoimmune disease: | | |
| * Alopecia areata | * Guillain-Barre's syndrome | * primary ovarian insufficiency |
| * Celiac / gluten intolerance | * Lupus erythematosus | * other: |
| * Crohn's disease | * myasthenia gravis | |
| * diabetes type 1 | * multiple sclerosis | |
| * rheumatoid arthritis | * vitiligo | |
|
 | | |
| * anxiety | * depression | * liver disorder |
| * anorexia / bulimia | * diabetes | * migraine |
| * arthritis | * epilepsy | * neurological disorder |
| * asthma | * fainting | * phobia (what to?): |
| * back disorders | * food intolerance/hypersensitivity
(ex.: lactose intolerance; not to
be confused with food allergy) | * psychiatric disorders |
| * bleeding tendency | | * respiratory problems: |
| * bursitis | | * seizures |
| * cancer (specify which type): | * headaches | * stroke |
| * cardiovascular disorders (include
inborn heart defect, artificial pace
maker, heart stent): | * hepatitis B, C | * tuberculosis |
| | * insomnia | * weight problem |
| | * kidney failure | * other: |

*** list surgeries / trauma (physical & emotional) / hospitalization you have had, and a year this occurred:** -3.4

*** allergies to** (highlight which, or specify): -3.5

- | | | |
|-----------------|-------------------------|------------------|
| * animal dander | * seasonal changes | * odors (scents) |
| * food: | * environmental affects | * other: |
| * medications: | * metal | |
| * chemicals: | * electricity | |

*** medications:** list all medications you use (by prescription and without),(remember inhalers, eye drops, nose sprays, topical creams) -3.6

- | | | |
|---------|-------------|----------------|
| * name: | * purpose: | * how often |
| * dose: | * how long: | * last intake: |

*** supplements** (vitamins, minerals, metabolism enhancers, weight loss pills, mood enhancers, herbs, teas, other:) -3.7

- | | | |
|------------|-------------|----------------|
| * name: | * how long: | * how often: |
| * purpose: | * dose: | * last intake: |

Family Medical History

*please indicate medical conditions (if any) that affected your blood ancestors as : "p" for parents, "g p" for grandparents

- | | | |
|-----------------------|-----------------------------|-----------------------|
| * AIDS / HIV: | * back disorders: | * insomnia: |
| * alcoholism: | * cancer (what type): | * kidney failure: |
| * autoimmune disease: | * cardiovascular disorders: | * liver disorder: |
| * arthritis: | * depression: | * thyroid disorder: |
| * anxiety: | * diabetes: | * tobacco: |
| * anorexia / bulimia: | * headaches/ migraine: | * weight problem: |
| * asthma: | * hepatitis: | * tuberculosis: |
| * allergy: | * high blood pressure: | * emotional problems: |

4. ROS: Review of Systems (systematic questioning about different organ systems)

4.1

* body temperature (incl. subjective feeling of being warm and/or cold):

- | | | |
|-------------------------------------|----------------------------------|---|
| * normal | * feeling of heat in the face | * night fever |
| * feeling of cold in the whole body | * hot palms and soles | * "five palm heat" (low grade fever in the afternoon + hot palms and soles) |
| * cold hands/feet/both | * feeling of heat in the evening | * alteration of feeling of cold/heat |
| * cold knees | * low-grade fever | * fixed fever / feeling hot 15-17.00 |
| * feeling of cold in the lower back | * morning fever | |
| * feeling of heat in the whole body | * afternoon fever | |

4.2

* sweating:

- | | |
|--|---|
| * when: day, night, night and day, particular point in time (specify which): | * quality: |
| * where: hands, feet, just palms, just soles, arms, legs, whole body, upper body, chest, head, face | * sticky alike oil drops, cold, hot, yellowish |
| * amount: profusely, little | * cold limbs after sweating ← kidneys fail to receive Qi ≈ kidney-yang xu |

4.3

* sleep:

- | | | |
|--|--|--|
| * normal | * waking up at night time, feel tired and sleepy, but cannot fall asleep | * waking up at night time + somatic symptoms: ex.: restless legs, itching, hunger, etc.) |
| * somnolence at day time | * waking up early in the morning, cannot fall asleep | * snoring |
| * difficult to fall asleep | | * vivid dreams |
| * difficult to wake up | | * nightmares |
| * waking up at night time, clear mind, wide awake and active | | |

4.4

* thirst:

- | | |
|--|--|
| * normal | * + dry mouth, but preference only to rinse the mouth not to drink |
| * excessive, desire to drink in big gulps (polydipsia) | * + dry throat |
| * excessive, but no desire to drink or desire to drink in small sips | * + abundant and frequent urination |
| * only at night time | |
| * preference to drink cold/ warm water/drinks | |

4.5

* appetite:

- | | | |
|--------------------|-------------------------|---|
| * normal | * prefer warm/cold food | * prefer particular foods/ tastes: |
| * poor | * cannot feel the taste | * sweet, sour, bitter, salty, pungent/spicy |
| * excessive hunger | | |

4.6

* digestion:

- | | | |
|---------------------------------|-----------------------------------|-------------------------------------|
| * sluggish | * reflux/heartburn | * upper abdomen |
| * fullness sensation after meal | * nausea before/after food intake | * lower abdomen |
| * tiredness after food intake | * vomiting | * sides of the abdomen |
| * bloating sensation | * flatulence /gases | * before /during/ after food intake |
| * belching | * pain (specify location): | |

4.7

* stool:

- | | | |
|------------------------------|--------------------------------------|--|
| * regular/irregular | * rounded (as goat's excrements) | * sensation of exhaustion after evacuation |
| * less than 3 times per week | * + mucus | * pain: before/ during /after evacuation |
| * more than 3 times a day | * + yellow pus/discharge | * blood: on evacuation, before evacuation, after evacuation |
| * normal /hard/ dry/ loose | * presence of undigested food | * colour: |
| * dry first, then loose | * + sharp/strong odor | * black, dark, yellow, greenish |
| * alternating loose/ hard | * sensation of incomplete evacuation | |
| * thin, + long | | |

4.8

* diarrhea:

- | | | |
|------------------------------|-------------------------------|-------------------------------------|
| * occasional, chronic | * + sharp/strong odor | * slow, explosive |
| * early morning | * + burning sensation in anus | * colour: dark/ light yellow |
| * watery | * + abdominal swelling | * pain: |
| * + undigested food in stool | * + belching, +gases | * prior/ during /after evacuation |
| * + yellow puss | | |

*** constipation:**

- * chronic / occasional
- * + dry stool, + thirst
- * normal stool, but difficult to evacuate, + fatigue following evacuation, + sweating following evacuation
- * dry stool, thus difficult to evacuate + fatigue following evacuation
- * normal stool, but absence of evacuation for several days
- * + cramping pain in the abdomen
- * rounded in shape, but not dry

4.10

*** anus:**

- * **hemorrhoids**
- * **prolapse** (sinking sensation) on evacuation
- * **itching in anus**
- * **fissures** (cracks)

4.11

*** urination:**

- * **pain:**
 - * smarting
 - * prior to urination
 - * during the urination
 - * following the urination
 - * in lower abdomen, sacrum
 - * + difficulty on urination
- * **frequency:**
 - * frequent
 - * frequent + urgent + painful
 - * frequent + scarce
- * **amount**
 - * abundant (with normal water intake)
- * **weak-stream urination**
- * **incontinence** (involuntary urination, any leakage of urine ex on exertion, laugh, coughing, sneezing, exercise)
- * **enuresis** (repeated inability to control urination)
- * **nocturnal enuresis** (nighttime bedwetting), + teeth clenching
- * **nocturia** (wake up at night one or more times for voiding)
- * **anuria** (absence of urination)
- * **scarce** (with normal water intake)
- * **scarce + painful + frequent + dark yellow urine**
- * **colour:**
 - * normal (clear, light yellow)
 - * white (no yellow present)
 - * dark yellow, dark red, reddish yellow
- * **clarity:**
 - * clear, cloudy
 - * presence of blood, sand, white mucus
- * **difficulty on urination**, + edema/ swelling in some parts of the body
- * **dribbling after urination**

4.12

*** headache /migraine:**

- * chronic, occasional
- * **character of pain:**
 - * dull
 - * throbbing
 - * smarting
 - * pulsating
 - * lingering
 - * + feeling of heaviness in head
 - * + feeling of emptiness
 - * + occipital stiffness
 - * + shoulder and neck stiffness
 - * + dizziness
- * **location:**
 - * entire head
 - * frontal (on the forehead)
 - * occipital (adjacent to the neck)
 - * vertex
 - * behind the eyes
 - * temples/sides/behind the ears (one side or both)
- * **intensity:**
- * *SL, M, S*
- * **frequency:**
 - * constant, intermittent
- * **point in time:**
 - * morning, afternoon, night, in no particular time
- * **onset:**
 - * slow, sudden
- * **triggering conditions:**
 - * anger
 - * stress
 - * over activity (mental or physical)
 - * still being
 - * horizontal body position
 - * after sexual activity
 - * after meal
 - * after sour food intake
 - * before/after/during menstruation
 - * damp weather
- * **other:**

4.13

*** vertigo (dizziness)**

- * **onset:** sudden / gradual
- * + feeling of heaviness, + nausea, + difficulty to concentrate especially in the morning
- * slight dizziness only with change in head position, + insomnia, + palpitations, + memory problems
- * persistent dizziness + feeling emptiness in the head + tinnitus + depression
- * triggering conditions (specify, what):

* highlight relevant for your condition option(s) if your answer is "Yes"

* leave blank if your answer is "No"

* fill in from left to right

5. Sensory Organ System Review

5.1

* eyes: <ul style="list-style-type: none">* vision disorders (specify which):<ul style="list-style-type: none">* <i>hyperopia, myopia, glaucoma, squinting(strabismus), astigmatism</i>other:<ul style="list-style-type: none">* blurry vision* floaters in eyes* double vision	<ul style="list-style-type: none">* discharge: yellow, white* sensitivity to light* sclera (red, yellow, bluish)* swelling (upper /lower eyelids)* redness of eyelids* swelling of eyelids* itching	<ul style="list-style-type: none">* tearing* tearing only on wind* dryness* tics* pain
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5.2

* ears: <ul style="list-style-type: none">* pain* recurrent inflammations* tinnitus:<ul style="list-style-type: none">* sudden onset, high pitch* gradual onset, constant, low pitch* + blockage in the ear* alike rumble of a large clock, worse/better in intervals,	<ul style="list-style-type: none">triggered typically by anger* + deafness + pain + swelling* worse by overwork and in the afternoon* + long-term deafness, sound as if cicada, worse at night* deafness worse on exertion or rising, sudden onset, + cold, emptiness feeling in the ear	<ul style="list-style-type: none">* hearing problems* itching* earwax excess* feeling of pressure behind the ear* discharge* bleeding:<ul style="list-style-type: none">* sudden onset + pain* gradual onset, small amount, intermittent, no pain or swelling
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5.3

* nose: <ul style="list-style-type: none">* congestion* recurrent inflammations* swelling* cold nose* dry nasal passages* <i>anosmia</i> (inability to smell)* <i>hyposmia</i> (decreased ability to smell)* <i>hyperosmia</i> (an abnormally acute sense of smell)* itching* burning pain in nasal passages	<ul style="list-style-type: none">* + pain* + redness, dryness around, nostrils* + foul odour (can be felt on exhalation)	* bleeding (epistaxis): <ul style="list-style-type: none">* little blood, + fever* little fresh red blood, + dry painful nose* abundant fresh red blood* abundant bright red or crimson red blood, often following after emotional distress* pale red blood, slow bleeding, easily starts easily ends, recurring* abundant, bright red blood, coming at irregular intervals, recurring
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5.4

* mouth: <ul style="list-style-type: none">* dryness* ulcers* bitter taste* bad taste* foul breath	<ul style="list-style-type: none">* excessive salivation* burning sensation on the tongue* bleeding gums* gum atrophy* periodontitis	<ul style="list-style-type: none">* gum redness* tooth grinding (bruxism)* toothache* caries
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5.5

* lips: <ul style="list-style-type: none">* colour: bright red, pale, purple, bluish* dryness* ulcers* cracks* lip tremor* lips swelling, itching

- * highlight relevant for your condition option(s) if your answer is "Yes"
- * leave blank if your answer is "No"
- * fill in from left to right

6. Genecology/Obstetrics

- * **note: Menstrual Cycle** is a length of time that starts on the **first** bleeding day and lasts until the next cycle's **first bleeding** day.
 - * for example, if your **first** bleeding day started on the 1st of June and then the next bleeding day started on the 21st of June, then your *menstrual cycle* is 21 days
 - * normal bleeding amount is considered 30-40 ml, normal duration of the cycle is considered **28** days

6.1

* menstruation:

- * **cycle** (how many days):
- * **bleeding period** (days):
- * **debut** (specify the age of the first menstrual bleeding):
- * **amenorrhoea** (absence of mens.)
- * **color**:
 - * dark (brownish) blood, + dark blood clots
 - * red blood + small clots
- * **pain (dysmenorrhoea)**: Regularity
 - * before /after/ during bleeding
 - * **character**:
 - * dull, cramping, stabbing, burning
 - * dragging downwards before/after bleeding
 - * + feeling of bloating
 - * **location**: middle of abdomen, sides of lower abdomen, radiating to the back
- * **scarce**:
 - * little amount of blood or bleeding lasts only for 2-3 days
- * **menorrhagia (heavy mens. of "flooding type")**
 - * abundant bleeding (40-80 ml), sudden onset, often occurs 1-2 days prematurely to bleeding phase, protective pads have to be changed even at night time
- * **metrorrhagia (intermittent mens. of "dripping type")**
 - * blood drops appear (for 2-3 days) in between bleeding phases
- * **early** (bleeding starts 9 days earlier, more than 2 times in a row)
- * **late** (bleeding has more than 28-30 days in between, 3 times in a row)
- * **irregular** (sometimes early, sometimes late)
- * **prolonged** (bleeding phase lasts 7-10 d. at regular cycle)

6.2

* discharge (vaginal secretion):

- * **note**: slight, clear, odorless secretion that increases in quantity and viscosity during ovulation/ puberty, and pregnancy is considered as normal condition
- * please, distinguish between **mid-cycle bleeding** and **reddish vaginal discharge**, which is sticky, often has an odour, occurs irregularly
- * normal
- * white/yellowish/reddish/greenish,
- * dark/ brownish
- * thick/thin
- * watery/ sticky
- * abandon
- * specific/strong odour *ex. fish odor*
- * genital eczema

6.3

* PMS (premenstrual syndrome) (occurs 1 to 2 weeks before bleeding period):

- * breast distention
- * bloating
- * digestive upset
- * excessive hunger
- * headaches
- * tiredness
- * insomnia
- * mood swings
- * anxiety
- * stress/ irritation
- * depression/ crying
- * acne

6.4

* pregnancy (ies) (specify the number):

- * children:
- * abortion(s):
- * miscarriage (s):
- * complications of pregnancy (specify, which):

6.5

* infertility (if you have received "infertility" diagnosis, specify the cause)

*

6.6

* other complaints:

- * breast lumps/cysts
- * endometriosis
- * ovarian cysts, benign tumours: myoma, other:
- * vaginal itching /burning
- * uterus prolapse

6.7

* climacteric (menopause) complaints:

- * hot flashes, + cold hands and feet
- * sweating: day, night, towards morning time
- * vaginal dryness
- * mood changes
- * insomnia
- * rapid heartbeat
- * migraine
- * postmenopausal bleeding
- * high blood pressure
- * other:

6.8

* sexual dysfunctions:

- * lack of libido (sexual desire)
- * anorgasmia (inability to achieve orgasm)

- * body:**
- * Shen
 - * stomach Qi
- * coating:**
- * colour: white, yellow, grey, brown, black → location:
 - * thin, thick
 - * moist, dry, sticky
 - * absence → location:
 - * root
- * colour:**
- * normal, red, pale, purple, black
 - * red sides, red tip
 - * discolorations → location:
- * form:**
- * teeth marks
 - * bowl form
 - * raised sides
 - * rolled
 - * thin, swollen
 - * long/short
- * slanting
 - * protrusions(location):
 - * depressions (location):
 - * dots, patches
- *stability:**
- * torpid, rigid/hard, slack, trembling, moving
 - * cracks → location:
 - * ulcers/blisters
- * under tongue:**
- * luster: pale, yellow
 - * yellow: middle / sides
 - * protrusions
 - * **veins** ← blood circulation:
 - * symmetry ← circulation ← stasis xue
 - * branching ← stasis xue
 - * short, narrow, thick
 - * too dark ← stasis xue
 - * **other:**

- * general:**
- * stomach Qi * Shen
- * 3 levels:**
- * superficial ← **Yang**, skin + muscles → lungs + spleen , *nerves*
 - * middle ← **Qi**, sinews + blood vessels → liver + heart, *vascular*
 - * deep ← **Yin**, bones → kidneys, *organ tissues*
- * 3 positions:**
- * left:**
1. **cun:** heart/SI/ *shanzhong*
 2. **guan:** liver/ GB
 3. **chi:** kidneys / Bl / SI
- * right:**
1. lungs/ LI
 2. spleen/ stomach
 3. kidney/Bl/ *uterus, pericardium/ TB/ LI*
- * left:**
- * **blood**; + Rear ← Qi of **Kidney-Yin**
- * right:**
- * **Qi**; + Rear ← Qi of **Kidney-Yang**

- * quality:**
- * speed (fast - slow):
 - * level (shallow - deep):
 - * strength (with without):
 - * diameter (thick- thin):
 - * tension(tense):
 - * length (long - short):
 - * root (with - without):
 - * rhythm (intermittent: stops regularly/ irregularly):
 - * form/other qualities:

- * tense / lax, pain, cold / hot, wet / dry, sticky, ticklish, Sha
- * front:**
- * mu points:
 - * means zones:
 - * meridian points:
 - * Ashi points:
 - * extraordinary meridians:
- * back:**
- * shu points:
 - * vertebrae :
 - * organ zones:
 - * ashi:

Diagnosis

*

Therapy

Improvitas AB
Acupuncture and TCM Clinic

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