

Please list the date of your most recent procedures. **Circle** any that were abnormal:

Test	Year	Test	Year	Test	Year	Test	Year
Chest x-ray		TB Test		Pap Smear		PSA	
Kidney x-ray		EKG		Mammogram		HIV/AIDS	
G.I. Series		MRI		Sigmoidoscopy		Others:	
Colon x-ray		CAT Scan		Colonoscopy			
Spine x-ray		Cholesterol		Rectal Exam			
Blood Tests		Cardiac Stress Test		Hormone Tests		Complete Physical Exam	

Allergies	Type of Reactions
Animal hair/dander:	
Chemicals:	
Drugs, medications:	
Dust, molds:	
Food:	
Grasses, weeds, pollen:	
Others:	

Please **circle** any of the following medications you are currently taking or have taken within the last 3 months:

- | | | | |
|------------------------|--------------|-------------------------|--------------------|
| Allergy Medication | Chemotherapy | Oral Contraceptives | Thyroid Medication |
| Heart Medications | Cortisone | Pain Medication | Ulcer Medication |
| Anti-inflammatory | Antacids | Psychiatric Medications | Other: _____ |
| Antibiotic/Anti-fungal | Relaxants | High Blood Pressure | _____ |
| Antidepressants | Hormones | “Recreational Drugs” | _____ |
| Antidiabetic/Insulin | Laxatives | Radiation Therapy | _____ |
| Aspirin/Tylenol/Advil | Lithium | Sleeping Pills | _____ |

Do you now or have you in the past:

(**Circle** day/week/month, as appropriate)

- | | | | |
|---|----------------------------|-------------|----------------|
| <input type="checkbox"/> Use tobacco (smoke/chew) | _____ packs per day/week | _____ Years | _____ Age quit |
| <input type="checkbox"/> Smoke marijuana | _____ times per day/week | _____ Years | _____ Age quit |
| <input type="checkbox"/> Use recreational drugs | _____ times per week/month | _____ Years | _____ Age quit |
| Types: _____ | | | |
| <input type="checkbox"/> Drink Coffee | _____ cups per day/week | _____ Years | _____ Age quit |
| <input type="checkbox"/> Drink black/green/chai tea | _____ cups per day/week | _____ Years | _____ Age quit |
| <input type="checkbox"/> Drink alcohol | _____ drinks per day/week | _____ Years | _____ Age quit |
| <input type="checkbox"/> Drink sodas | _____ drinks per day/week | _____ Years | _____ Age quit |
| <input type="checkbox"/> Use artificial sweeteners | _____ packets per day/week | _____ Years | _____ Age quit |

Family Health History

Relation	Age	State of Health	Age at Death	Cause of Death
Father				
Mother				
Brothers: 1				
2				
3				
4				
5				
6				
7				
Sisters: 1				
2				
3				
4				
5				
6				
7				

Check (x) if your blood relatives have/had the following:

Relative	Yes	No	Disease
			Arthritis, gout
			Asthma, Allergies
			Cancer
			Alcoholism/Chemical dependency
			Diabetes
			Heart disease, Stroke
			High blood pressure
			Autoimmune disease
			Tuberculosis
			Mental illness/Suicide
			Other

Is your health currently getting better, worse or staying the same. How do you know?

What have you tried to do to improve your state of health (e.g. other doctors, treatments etc.)?

Please list the names, phone #'s and specialties of all other health care providers with whom you are currently working and the condition(s) they are treating:

Please list any other health concerns/conditions, even if you think they may not be important.



Acupuncture, massage, herbs, yoga, food, therapy

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INFORMED CONSENT TO CARE AND TREATMENT

I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine procedures, including various physical modalities, on me (or on the patient named below, for whom I am legally responsible) by licensed acupuncturists who now or in the future treat me while employed by, working or associate with or serving as back-up in this office.

I understand that methods of treatment may include, but are not limited to, acupuncture, cupping, infrared therapy, electrical stimulation, massage, herbal medicine and nutritional counseling. I have had the opportunity to discuss with the treating physician or other clinic personnel the nature and purpose of acupuncture treatments and other procedures.

I have been informed that acupuncture is a generally safe method of treatment, but as with all medical procedures, it may have some side effects, including bruising, numbness or tingling near the needle sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although this office uses sterile disposable needles and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Oriental Medicine, although some may be toxic in large doses. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant side effects associated with the consumption of herbs or nutritional supplements. I understand that some herbs or supplements may be inappropriate during pregnancy. I will notify a clinical staff member who is caring for me if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate and explain all risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of the treatment which the clinical staff thinks at the time, based upon the facts then known, is my best interests. I understand that results are not guaranteed.

I have read, or have had read to me, the above consent to treatment. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patients Signature: _____

(Relation): _____

(or patients representative - indicate relationship if signing for patient)

Date Signed: _____

Self - Assessment Health Profile



Name: _____

Date: _____

This profile can be used as an education device as well as a diagnostic tool. It will aid you in becoming acquainted with the language of Chinese medicine. **Check** the symptoms you have experienced during the last six months. **Circle** those that have been most troublesome

PATTERNS OF DEPLETION

DEFICIENT QI

- weak, lethargic, weary
- lowered libido
- apathy
- dull thinking or feeling
- excessive need for sleep
- susceptible to colds, flus, allergies
- prolonged recover following illness
- pasty, pale complexion
- shortness of breath
- aversion to talking
- perspires easily with exertion
- easily chills
- frequent, profuse urination

SLACK QI

- perspires easily while at rest
- atony or prolapse of stomach, intestines, anus
- constant diarrhea or lack of bowel control
- hemorrhoids, varicose veins
- dizzy or weak after meal or bowel movement
- well-being followed by sudden exhaustion

DEFICIENT MOISTURE

- parched, thirsty
- extreme dryness of sin or mucous membranes
- scant secretions and urination
- constipation
- uncomfortable feeling of heat in the body
- low afternoon fever with sweating
- hot flashes
- night sweats
- unstable blood sugar, emotional lability
- persistent dry cough
- dry sore throat
- flushed face

SLACK MOISTURE

- excessive secretions from eyes, nose, mouth, skin, vagina
- seminal incontinence or premature ejaculation
- frequent urination or incontinence
- dizzy or weak after sex (female)

DEFICIENT BLOOD

- restless fatigue
- emotional sensitivity
- insomnia and anxious sleep
- itching, prickling skin or scalp
- dryness without thirst
- blurred or weak vision
- thinning of hair
- light headed when fatigued
- dry or hard stool
- dry skin, eyes, hair, nails
- anemia
- muscle cramps
- lack of semen
- scanty or infrequent menstruation
- insufficient lactation
- pale, sallow complexion
- poor skin healing
- palpitations
- postpartum weakness or anemia
- tendency to miscarry
- dizzy or weak after sex (male)

SLACK BLOOD

- easy bruising or bleeding
- chronic ulcers of mouth, throat, stomach, intestines, vagina
- excessive bleeding during menses, pregnancy, postpartum, or menopause
- bleeding hemorrhoids and blood in stool, urine or sputum

DIMINISHED ESSENCE

- profound weakness
- flaccid and stiff
- atrophy of muscles and organs
- sagging or wrinkling of skin
- diminished sexual arousal and pleasure
- infertility or early menopause
- repeated miscarriages
- loosening or loss of teeth
- thinning or graying of head and pubic hair
- loss of elasticity in tendons, ligaments, and muscles
- decline of memory, vision or hearing
- progressive loss of weight or emaciation

DISTURBED SHEN

- restlessness and agitation
- emotionally unstable
- hypersensitivity to pain or insult
- sudden rage, grief or panic
- constant anxiety, incessant worry, or mental confusion
- easily startled or frightened
- erratic sleep, insomnia or disturbing dreams
- delirium
- dull, glazed or bizarre look to eyes and face

PATTERNS OF CONGESTION

STAGNANT QI

- stuffy head
- mild nausea or acidity
- distension or fullness in chest or abdomen
- gas pains, cramps, tension in stomach or intestines
- hiccups, belching or flatulence
- constipation or irregular bowel movements
- vague or intermittent pains

OBSTRUCTED QI

- acute generalized discomfort
- fullness, pressure in head, chest, limbs or abdomen
- abdominal distension but unable to release gas
- wheezing or non-specific chest pain
- difficulty swallowing
- stitch or acute pain in abdomen, ribs, or flanks
- fullness or dull pain under ribs or sternum

STAGNANT MOISTURE

- soft or loose stool
- puffy eyes, face, hands or ankles
- frequent, scanty or difficult urination
- lethargic in humid weather
- soft swellings, nodules, cysts, enlarged lymph nodes
- premenstrual soreness and swelling of breasts
- sore muscles or joints
- thirsty but averse to drinking

OBSTRUCTED MOISTURE

- swollen or heavy head and limbs
- swollen, sore muscles and joints
- swollen with water retention in abdomen
- excess saliva, mucus or perspiration
- constipation alternating with watery, loose stool
- scanty or absent urine
- edema of hands, feet, face or abdomen
- thick, nauseated feeling in mouth, stomach and head

STAGNANT BLOOD

- easy bruising
- cold hands and feet
- irregular or painful menses
- mottling, numbing and chilling of limbs
- sharp pains in head, eyes, joints, limbs, breasts, or organs
- mid-cycle or premenstrual pin or tender breasts
- painful hemorrhoids, cysts or lumps

OBSTRUCTED BLOOD

- angina
- severe or constant headache
- traumatic bruises, swellings and sprains
- persistent, stabbing, or throbbing pains (especially in joints or visera)
- pain aggravated at night or from inactivity
- severe cramping, numbness or paralysis
- dark red or purple complexion
- purple lesions on the skin, tongue, mouth or lips
- severe menstrual cramps with dark blood or clots
- hard or immobile lumps, masses or organs

ADVERSE CONDITIONS

HEAT

- fever, associated with infection, inflammation, or emotional upset
- pain, soreness, swelling or dryness accompanied by a sensation of heat or burning
- sores or infections with green or yellow pus
- yellow, green, or foul smelling discharge from ears, nose, throat, anus, vagina, or urethra
- extreme thirst with a craving for cold foods or drink
- red eyes, ears, nose, lips, face, skin
- feeling of heat in limbs, abdomen, chest, head or genitals
- aggravation from alcohol, fried, or spicy food

COLD

- lack of thirst
- listless and weak
- cold feeling in limbs, head, chest, abdomen or genitals
- pale face with cold, clammy hands and feet
- loose stool after eating raw or cold foods and liquids
- profuse urination or swelling in cold climate or after drinking cold liquids or eating raw, cold foods
- craving for warm, cooked foods and hot drinks
- pain in head, chest, limbs or joints in cold environment
- pale, purplish skin, nail beds, lips or tongue

DAMP-HEAT

- dryness or thirst without desire or ability to drink
- feeling of heat in stomach or chest with a nauseating taste in the mouth
- sticky yellow or green discharge from nose, throat, bronchi, urethra, or vagina
- hot flashes with profuse perspiration
- fever or heat not relieved by perspiring or drinking
- loose or sticky stool streaked with mucus or pus
- burning, red, oozing sores, boils, pimples, blisters or rashes
- hot, heavy, dull feeling in the head, chest, abdomen or limbs
- worse from heat and/or humidity and sweet, spicy or oily foods

EXTERNAL WIND

- itching or prickling sensations of skin, ears, eyes, nose, sneezing, headache
- unpredictable or migrating pains
- dizziness or headache with cold, flu or allergy
- muscle soreness or shivering when exposed to wind, drafts, or changing temperatures
- numbness or pain of face or scalp
- neck stiffness or spasm
- worse from drafts and changing temperatures

INTERNAL WIND

- trembling hands, feet, head
- spasms, twitches, cramps of nerves, muscles and viscera
- disequilibrium, in-coordination
- contracture or quivering of tongue
- vertigo, motion sickness, hypertension
- headache with vertigo, numbness, spasms, parasthesia (strange sensations)
- seizures, sequellae of stroke or T.I.A.
- worse from wind, changing barometric pressure or changing from lying to upright position

PHLEGM (congealed moisture)

- dizziness or fullness in head from mucus congestion
- nausea with phlegm in chest or throat
- thick, sticky secretions from ears, eyes, nose, throat mouth, anus, vagina or urethra
- firm, mobile lumps or enlarged lymph nodes
- worse in humid environment or from eating sticky, greasy, oily foods, milk products, eggs, sugar
- sticky or greasy stool
- hardened nodules or cysts

ORGAN NETWORK DISTURBANCES

LIVER NETWORK

- dry eyes
- blurred or unclear vision
- nervous, irritable, short tempered
- easy chilling arms, hands, legs, feet
- coarse, brittle nails or hair
- touchiness from heat, wind, noise, bright light
- numbness, tingling of limbs when asleep or inactive
- muscle cramps of pelvis, sides, hips, calves, feet
- tension in shoulders, neck, sacrum, hips, legs
- stitching pains under diaphragm, between ribs, groin or pelvis
- dry or hard stool, tension or cramping in colon
- high pitched or loud ringing in the ears (tinnitus)
- dizzy, queasy, flushed or headache from hunger, tension, anger
- hypersensitive genital organs

HEART NETWORK

- anxiety, dread
- restless and excitable
- easily confused or disoriented
- mood swings (laughs easily, cries easily)
- insomnia when nervous, worried or excited
- excitement, anxiety and fatigue cause light, restless sleep and vivid dreams or nightmares
- cravings for cool drinks, juicy or hot spicy foods
- sores of mouth and tongue
- easily overheats and perspires
- easy blushing of face, chest, neck and ears
- burning, sensitivity or irritation of mouth tongue, urethra, vagina or anus
- frequent urination of bowel movement from nervousness
- palpitations when nervous, upset or fatigued

SPLEEN NETWORK

- tender muscles
- difficult bowel movements
- slow digestion or indigestion
- frequent abdominal gas or bloating
- loose stool from raw or cold foods, cold liquids
- variable appetite
- lingering hunger after meals
- hard to gain, lose or regulate weight
- easily worried, obsessed
- difficulty focusing, distractible
- overwhelmed by details, upset by changes
- lethargy and inertia
- prolapse of stomach, intestines, uterus, vagina, bladder
- lack of muscle tone or strength
- water retention, puffiness, heaviness of head, limbs
- easy bruising, prolonged or heavy menstruation

LUNG NETWORK

- weakness of chest
- respiratory allergies
- runny nose or stuffy sinuses
- frequent and lingering colds, coughs, throat clearing or laryngitis
- morning attack of coughing or sneezing
- constant phlegm in chest or throat
- shortness of breath, chest pain, or wheezing from fatigue or exertion
- dryness and tightness of mucous membranes or skin
- urge to urinate after laughing, coughing or sneezing
- skin rashes, eczema, hives
- easily disappointed or offended
- sensitive to wind, cold and dryness
- stiffness of joints and muscles

KIDNEY NETWORK

- puffiness around eyes
- diminished libido
- lack of sexual secretions
- loss of thinning of pubic hair
- early cessation of menses, irregular cycle
- profuse or scanty urination
- frequent or difficult urination
- decreased range of motion of spine and joints
- difficulty conceiving or carrying to term
- weak or sore low back, hips, knees, ankles or feet
- lack of stamina and endurance, needs to sleep a lot
- diminished motivation and apathy
- forgetfulness and mental dullness
- puffiness or swelling of feet and ankles
- weak vision, dull hearing
- low humming or buzzing in ears (tinnitus)
- sore throat from fatigue or in the morning
- easily defeated and disgruntled

CONFLICTS BETWEEN ORGAN NETWORKS

LIVER – SPLEEN DISHARMONY

- cold hands and feet with feeling of fullness in throat, chest, or abdomen
- indigestion with nausea, bloating, flatulence, belching
- erratic elimination, constipation or diarrhea
- spasm, pain of esophagus, stomach, intestines, uterus
- thirst for alternately cold and hot liquids
- sensitivity or aversion to strong odors or flavors
- erratic cravings for fatty, sour, or sweet foods
- erratic appetite, difficulty knowing what to eat
- tenderness, tension and heaviness in muscles, especially head, neck, jaw, elbows or knees
- headache with heaviness, or pressure behind eyes
- headaches with nausea, diarrhea

- vacillates between assertiveness and ambivalence
- irritability and lethargy
- variable blood sugar
- food sensitivity or intolerance
- irritable bowel

SPLEEN – KIDNEY DISHARMONY

- slow digestion and sluggish intestines
- weak gums and loose teeth
- dryness and thirst with water retention
- sore, swollen joints or muscles
- heaviness, weakness and soreness of head, neck, back sacrum and limbs
- loose or dry, small stool with bloating
- frequent, scanty or difficult urination
- variably strong or diminished libido
- easily chilled in back, belly, legs or arms
- craves salty or sweet foods, causing constipation
- dryness and water retention
- edema
- rheumatism
- cystitis, urethritis, vaginitis, leucorrhea
- prostatic hypertrophy or prostatitis
- distractible, insecure, volatile or apathetic, inert

KIDNEY – HEART DISHARMONY

- insomnia or restless sleep alternating with heavy slumber and difficulty awakening
- nervousness or mood swings with fatigue and lumbar weakness
- easily overheated or chilled
- hot chest, head, ears, face and hands, with cold belly buttocks and feet
- easily enthused but difficult to sustain effort or excitement
- melancholy and restless after prolonged mental or physical exertion
- sexually excitable but difficult to sustain arousal or achieve release
- spine stiffness and lack of muscle tone
- anxiety, despair, phobias
- nausea, diarrhea, urinary frequency associated with anxiety or fright
- craves salty, spicy food and stimulants (nicotine, caffeine)
- chronic endometritis/ cervicitis/urethritis
- chronic sleep disturbances
- hyper-hypothyroid syndrome

