

# Hyde Park Wellness



**Tama Henderson, L.Ac., ACN**

Acupuncture | Herbs | Nutrition

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date: \_\_\_\_\_ date of birth \_\_\_\_\_ age: \_\_\_\_\_ sex: M / F

full name \_\_\_\_\_ email \_\_\_\_\_

address \_\_\_\_\_ city \_\_\_\_\_ st \_\_\_\_\_ zip \_\_\_\_\_

home phone ( \_\_\_\_\_ ) \_\_\_\_\_ work ( \_\_\_\_\_ ) \_\_\_\_\_ cell/other ( \_\_\_\_\_ ) \_\_\_\_\_

best method to contact you?  home  cell  work  email

emergency contact \_\_\_\_\_ relationship and phone \_\_\_\_\_

have you had acupuncture before? \_\_\_\_\_ is there any possibility you are pregnant? \_\_\_\_\_

how did you hear about us? \_\_\_\_\_ referred by: \_\_\_\_\_

to receive our informative, monthly newsletter by email, please check here \_\_\_\_\_

please list any prescription medications, vitamins or natural supplements you are currently taking \_\_\_\_\_

do you have any medical conditions or problems? \_\_\_\_\_

please list any surgeries or traumas, including date \_\_\_\_\_

main complaint(s) \_\_\_\_\_

please rate current pain or discomfort on a scale of 1 to 10: very slight 1 2 3 4 5 6 7 8 9 10 unbearable

when did this begin? \_\_\_\_\_ what may have caused it? \_\_\_\_\_

have you been given a diagnosis for this condition? If so, what? \_\_\_\_\_

what other health care treatments have you tried? \_\_\_\_\_

is there anyone in your family with the same/similar problems? \_\_\_\_\_

please take a moment and check if you or anyone in your family has been diagnosed with any of the following medical issues:

Diagnosis	Self	Family	Diagnosis	Self	Family	Diagnosis	Self	Family
Cancer			Breathing problems			Tuberculosis		
Diabetes			Heart Disease			High Cholesterol		
Hepatitis			Digestive disorders			High Blood Pressure		
Thyroid Disease			STD			Emotional Disorders		
Seizures			Alcoholism			Anemia		
Arthritis			Depression/Anxiety			Other		

height \_\_\_\_\_ weight now \_\_\_\_\_ weight one year ago \_\_\_\_\_ max weight \_\_\_\_\_ @ year \_\_\_\_\_

do you smoke? \_\_\_\_\_ if yes, how many times per day? \_\_\_\_\_ per week? \_\_\_\_\_

how many caffeinated beverages do you consume per day?

coffee \_\_\_\_\_ tea \_\_\_\_\_ soda \_\_\_\_\_ diet soda \_\_\_\_\_

how many alcoholic beverages do you consume per week? \_\_\_\_\_

how many times per week do you exercise? \_\_\_\_\_

are you a vegetarian? \_\_\_\_\_

would you like for your practitioner to discuss any specific dietary or nutritional concerns with you? \_\_\_\_\_

Please list \_\_\_\_\_

I understand the above information and guarantee this form was completed accurately to the best of my knowledge.

signature: \_\_\_\_\_

date: \_\_\_\_\_

### Notification Form Regarding Evaluation of Patient by Physician

(pursuant to the requirement of section 183.6 (e) of this title and section 6.11, Subsection (d) V.A.C.S., article 4495b, governing the practice of acupuncture)

I (patient's name) \_\_\_\_\_ am notifying Tama Henderson:

yes  no I have been evaluated by a physician, dentist for the condition being treated within 12 months before the acupuncture was performed. I recognized that a physician should evaluate me for the condition being treated by the acupuncturist.

OR:

yes  no I have received a referral from a chiropractor within the last 30 days for acupuncture. After being referred by a chiropractor, if after 2 months or 20 treatments, whichever comes first, no substantial improvement occurs in the condition being treated, I understand that the acupuncturist is required to refer me to a physician. It is my responsibility and choice to follow this advice.

OR:

I have not been evaluated by a physician or dentist for the condition being treated, nor have I received a referral from a chiropractor, but I seek treatment for symptoms related to one or more of the following conditions:

chronic pain  smoking addiction  weight loss  alcoholism  substance abuse

\_\_\_\_\_  
patient signature

\_\_\_\_\_  
date



Name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Please indicate the symptoms that you have experienced within the last three months, by selecting the appropriate number as these symptoms apply to you:

① = never    ② = mild or rare    ③ = moderate or frequent    ④ = severe or constant

## Group One

- |  |  |  |
|--|--|--|
| <input type="radio"/> acid foods upset                   | <input type="radio"/> cuts heal slowly                 | <input type="radio"/> nervous stomach        |
| <input type="radio"/> gets chilled often                 | <input type="radio"/> gags easily                      | <input type="radio"/> poor appetite          |
| <input type="radio"/> lump in throat                     | <input type="radio"/> unable to relax, startles easily | <input type="radio"/> frequent cold sweats   |
| <input type="radio"/> dry mouth, eyes or nose            | <input type="radio"/> cold, clammy extremities         | <input type="radio"/> fever easily raised    |
| <input type="radio"/> rapid pulse after meals            | <input type="radio"/> eyes sensitive to light          | <input type="radio"/> neuralgia-like pains   |
| <input type="radio"/> keyed up – difficulty calming down | <input type="radio"/> reduced amount of urine          | <input type="radio"/> staring, blinks little |
|  | <input type="radio"/> heart pounds after retiring      | <input type="radio"/> frequent sour stomach  |

## Group Two

- |   |  |   |
|---|--|---|
| <input type="radio"/> joint stiffness after arising | <input type="radio"/> always seem hungry; feel lightheaded often | <input type="radio"/> difficulty swallowing                   |
| <input type="radio"/> muscle cramps at night        | <input type="radio"/> rapid digestion                            | <input type="radio"/> alternating constipation, diarrhea      |
| <input type="radio"/> butterfly stomach, cramps     | <input type="radio"/> frequent vomiting                          | <input type="radio"/> slow starter                            |
| <input type="radio"/> watery eyes or nose           | <input type="radio"/> frequent hoarseness                        | <input type="radio"/> tends to be warm                        |
| <input type="radio"/> eyes blink often              | <input type="radio"/> irregular breathing                        | <input type="radio"/> perspires easily                        |
| <input type="radio"/> swollen or puffy eyelids      | <input type="radio"/> slow or irregular pulse                    | <input type="radio"/> poor circulation, sensitive to cold     |
| <input type="radio"/> indigestion soon after meals  | <input type="radio"/> gagging reflex slow                        | <input type="radio"/> subject to colds, asthma, or bronchitis |

## Group Three

- |   |  |   |
|---|--|---|
| <input type="radio"/> eat when nervous        | <input type="radio"/> lightheaded if meals delayed                                 | <input type="radio"/> crave candy or coffee in afternoons   |
| <input type="radio"/> excessive appetite      | <input type="radio"/> heart palpitations if meals are missed or delayed            | <input type="radio"/> depression or anxiety                 |
| <input type="radio"/> hungry between meals    | <input type="radio"/> afternoon headaches  | <input type="radio"/> abnormal craving for sweets or snacks |
| <input type="radio"/> irritable before meals  | <input type="radio"/> overeating sweets upsets                                     | <input type="radio"/> sleepy after meals                    |
| <input type="radio"/> get shaky if hungry     | <input type="radio"/> awoken after few hours sleep-difficult to fall back to sleep |   |
| <input type="radio"/> eating relieves fatigue |  |   |

## Group Four

- |   |  |  |
|---|--|--|
| <input type="radio"/> hands and feet go to sleep or become numb | <input type="radio"/> get drowsy often   | <input type="radio"/> bruise easily  |
| <input type="radio"/> frequent sighing                          | <input type="radio"/> swollen ankles worse at night                                    | <input type="radio"/> tendency to anemia   |
| <input type="radio"/> aware of breathing heavily                | <input type="radio"/> muscle cramps, worse during exercise, get charley horses         | <input type="radio"/> frequent nose bleeds   |
| <input type="radio"/> high altitude discomfort                  | <input type="radio"/> shortness of breath on exertion                                  | <input type="radio"/> ringing in ears  |
| <input type="radio"/> opens windows in closed room              | <input type="radio"/> dull pain in chest or radiating into left arm, worse on exertion | <input type="radio"/> tension under the breastbone, or feeling of tightness in chest |
| <input type="radio"/> susceptible to colds and fevers           |  |  |
| <input type="radio"/> afternoon fatigue                         |  |  |

## Group Five

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- |  |  |  |
|--|--|--|
| <input type="radio"/> dizziness                                      | <input type="radio"/> worrier, feels insecure                      | <input type="radio"/> sneezing attacks             |
| <input type="radio"/> dry skin                                       | <input type="radio"/> queasy feeling; headache over eyes           | <input type="radio"/> disturbing dreams            |
| <input type="radio"/> burning feet                                   | <input type="radio"/> greasy foods cause distress                  | <input type="radio"/> bad breath                   |
| <input type="radio"/> blurred vision                                 | <input type="radio"/> light-colored stools                         | <input type="radio"/> milk products cause distress |
| <input type="radio"/> itching skin and feet                          | <input type="radio"/> skin peels on foot soles                     | <input type="radio"/> sensitive to hot weather     |
| <input type="radio"/> excessive hair loss                            | <input type="radio"/> pain between shoulder blades                 | <input type="radio"/> burning or itching anus      |
| <input type="radio"/> frequent skin rashes                           | <input type="radio"/> uses laxatives                               | <input type="radio"/> craves sweets                |
| <input type="radio"/> bitter, metallic taste in mouth in the morning | <input type="radio"/> stools alternate from soft to watery         | <input type="radio"/> belching                     |
| <input type="radio"/> painful or difficult bowel movements           | <input type="radio"/> history of gallbladder attacks or gallstones | <input type="radio"/> heartburn                    |

## Group Six

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|---|---|---|
| <input type="radio"/> loss of taste for meat                                  | <input type="radio"/> coated tongue   | <input type="radio"/> mucous colitis or irritable bowel |
| <input type="radio"/> intestinal gas several hours after eating               | <input type="radio"/> passes large amounts of foul smelling gas                   | <input type="radio"/> gas shortly after eating          |
| <input type="radio"/> burning sensation in stomach that is relieved by eating | <input type="radio"/> indigestion 1/2-1 hour after eating: may be up to 3-4 hours | <input type="radio"/> bloating after eating             |

## Group Seven

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|--|--|--|
| <b>a</b>   | <input type="radio"/> hair coarse, falling out                     | <input type="radio"/> hot flashes                          |
| <input type="radio"/> insomnia                               | <input type="radio"/> headaches upon arising, wears off during day | <input type="radio"/> increased blood pressure             |
| <input type="radio"/> nervousness                            | <input type="radio"/> slow pulse, below 65bpm                      | <input type="radio"/> hair growth on face or body in women |
| <input type="radio"/> inability to gain weight               | <input type="radio"/> frequent urination                           | <input type="radio"/> sugar in urine (not diabetes)        |
| <input type="radio"/> intolerance to heat                    | <input type="radio"/> impaired hearing                             | <input type="radio"/> masculine tendencies in women        |
| <input type="radio"/> highly emotional                       | <input type="radio"/> reduced initiative                           | <b>f</b>   |
| <input type="radio"/> flush easily                           |  | <input type="radio"/> weakness, dizziness                  |
| <input type="radio"/> night sweats                           | <b>c</b>   | <input type="radio"/> chronic fatigue                      |
| <input type="radio"/> thin, moist skin                       | <input type="radio"/> failing memory                               | <input type="radio"/> low blood pressure                   |
| <input type="radio"/> inward trembling                       | <input type="radio"/> low blood pressure                           | <input type="radio"/> nails weak or ridged                 |
| <input type="radio"/> heart palpitations                     | <input type="radio"/> increased sex drive                          | <input type="radio"/> tendency toward hives                |
| <input type="radio"/> increased appetite without weight gain | <input type="radio"/> splitting headaches                          | <input type="radio"/> arthritic tendencies                 |
| <input type="radio"/> rapid pulse at rest                    | <input type="radio"/> decreased sugar tolerance                    | <input type="radio"/> increased perspiration               |
| <input type="radio"/> eyelid or facial twitching             | <b>d</b>   | <input type="radio"/> bowel disorders                      |
| <input type="radio"/> irritable and restless                 | <input type="radio"/> abnormal thirst                              | <input type="radio"/> poor circulation                     |
| <input type="radio"/> inability to work under pressure       | <input type="radio"/> abdominal bloating                           | <input type="radio"/> swollen ankles                       |
| <b>b</b>   | <input type="radio"/> weight gain around hips or waist             | <input type="radio"/> salt cravings                        |
| <input type="radio"/> weight gain                            | <input type="radio"/> reduced or lacking sex drive                 | <input type="radio"/> brown spots or bronzing of the skin  |
| <input type="radio"/> decreased appetite                     | <input type="radio"/> tendency toward ulcers, colitis              | <input type="radio"/> allergies or a tendency to asthma    |
| <input type="radio"/> easily fatigued                        | <input type="radio"/> increased sugar tolerance                    | <input type="radio"/> weakness after colds or influenza    |
| <input type="radio"/> ringing in ears                        | <input type="radio"/> menstrual disorders in women                 | <input type="radio"/> low energy                           |
| <input type="radio"/> sleepy during the day                  | <input type="radio"/> lack of menstrual function in young women    | <input type="radio"/> energy drop in the afternoon         |
| <input type="radio"/> sensitive to cold                      | <b>e</b>   | <input type="radio"/> difficult to wake in the morning     |
| <input type="radio"/> dry or scaly skin                      | <input type="radio"/> dizziness                                    | <input type="radio"/> respiratory disorders                |
| <input type="radio"/> constipation                           | <input type="radio"/> headaches                                    |  |
| <input type="radio"/> mental sluggishness                    |  |  |

## Group Eight

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- |   |   |  |
|---|---|--|
| <input type="radio"/> apprehension                  | <input type="radio"/> noise sensitivity               | <input type="radio"/> insomnia                               |
| <input type="radio"/> irritability                  | <input type="radio"/> acoustic hallucinations         | <input type="radio"/> anxiety                                |
| <input type="radio"/> morbid fears                  | <input type="radio"/> tendency to cry without reason  | <input type="radio"/> anorexia                               |
| <input type="radio"/> never seems to get well       | <input type="radio"/> hair is coarse and/ or thinning | <input type="radio"/> inability to concentrate; confusion    |
| <input type="radio"/> forgetfulness                 | <input type="radio"/> weakness                        | <input type="radio"/> frequent stuffy nose; sinus infections |
| <input type="radio"/> indigestion                   | <input type="radio"/> fatigue                         | <input type="radio"/> allergies to some foods                |
| <input type="radio"/> poor appetite                 | <input type="radio"/> skin sensitive to touch         | <input type="radio"/> loose joints                           |
| <input type="radio"/> craving for sweets            | <input type="radio"/> tendency toward hives           |  |
| <input type="radio"/> muscular soreness             | <input type="radio"/> nervousness                     |  |
| <input type="radio"/> depression; feelings of dread | <input type="radio"/> headache                        |  |

## Group Nine

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- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="radio"/> difficulty falling asleep                           | <input type="radio"/> wake too early (4-5am)         | <input type="radio"/> teeth grinding  |
| <input type="radio"/> difficulty staying asleep-<br>wake during the night | <input type="radio"/> excessive or disturbing dreams | <input type="radio"/> wake not rested |
|   | <input type="radio"/> walk or talk in sleep          |                                       |

## Group Ten

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- |  |   |  |
|--|---|--|
| <input type="radio"/> stiff neck             | <input type="radio"/> knee trouble            | <input type="radio"/> sciatica             |
| <input type="radio"/> low back pain          | <input type="radio"/> swollen joints          | <input type="radio"/> numbness or tingling |
| <input type="radio"/> shoulder trouble       | <input type="radio"/> painful joints          |  |
| <input type="radio"/> pain between shoulders | <input type="radio"/> arthritis- where? _____ |  |

## Group Eleven

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- |                                  |   |                              |
|----------------------------------|---|------------------------------|
| <input type="radio"/> depression | <input type="radio"/> inappropriate anger | <input type="radio"/> stress |
| <input type="radio"/> anxiety    | <input type="radio"/> mood swings         |                              |

## Female Only

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- |  |   |  |
|--|---|--|
| <input type="radio"/> very easily fatigued                           | <input type="radio"/> excessive and prolonged<br>menstruation | <input type="radio"/> hysterectomy/ovaries removed |
| <input type="radio"/> premenstrual tension                           | <input type="radio"/> painful breasts                         | <input type="radio"/> hot flashes                  |
| <input type="radio"/> painful menses                                 | <input type="radio"/> menstruate too frequently               | <input type="radio"/> scanty or missed periods     |
| <input type="radio"/> depression or moodiness before<br>menstruation | <input type="radio"/> vaginal discharge                       | <input type="radio"/> acne                         |
|  |   | <input type="radio"/> depression                   |

## Male Only

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- |   |   |  |
|---|---|--|
| <input type="radio"/> prostate trouble                  | <input type="radio"/> pain on the inside of legs or heels       | <input type="radio"/> tire too easily          |
| <input type="radio"/> urination difficulty or dribbling | <input type="radio"/> feeling of incomplete bowel<br>evacuation | <input type="radio"/> avoid activity           |
| <input type="radio"/> night urination frequent          | <input type="radio"/> lack of energy                            | <input type="radio"/> leg nervousness at night |
| <input type="radio"/> depression                        | <input type="radio"/> migrating aches and pains                 | <input type="radio"/> diminished sex drive     |