

HEALTH HISTORY

Name: _____	DOB: _____
Address: _____	
City/State Zip: _____	
Phone(s): Home: _____	Cell: _____
Work: _____	
Email: _____	
Single: _____	Married: _____
Partner: _____	Widow: _____
# Children: _____	
Employer: _____	Occupation: _____
In emergency, notify: _____	
Phone: _____	
Referred by: _____	
Have you had acupuncture before? _____	

What is the primary reason for your visit? _____

What treatments have you tried? _____

Significant past medical history:

Surgeries (type and date):

Medicines taken within the last month (drugs, herbs, vitamins, etc.):

Allergies to foods and medications: _____

Do you have a regular exercise program? Yes _____ No _____ Please describe:

Do you eat a healthy diet? _____ Organic foods? _____

Please list the foods you have eaten in the past 24 hours:

How many ounces of water do you drink daily? _____

How much coffee, tea, or cola do you drink daily? _____

How much alcohol do you drink weekly? _____

Do you use marijuana? _____ If so, for medical or social? _____

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LUNG & LARGE INTESTINE

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| <ul style="list-style-type: none">○ Allergies○ Arm/shoulder pain○ Asthma○ Constipation○ Cough/sneeze/phlegm○ Eczema/psoriasis/rash | <ul style="list-style-type: none">○ Elbow pain○ Fatigue/tired○ Frequent colds○ Frontal/sinus HA○ Grief/sadness○ Loose stools | <ul style="list-style-type: none">○ Sinusitis○ Smell problems○ Sweating problems○ Stiff joint/neck○ Wheezing/SOB○ Other |
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KIDNEY & BLADDER MERIDIAN/ORGAN NETWORK

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| <ul style="list-style-type: none">○ Adrenal weakness○ Back/hips/knees weak○ Bladder infection/control○ Brittle bones○ Cold hands/feet○ Depression/fera | <ul style="list-style-type: none">○ Edema/water retention○ Impotence/libido○ Infertility/sterility○ Lethargy/fatigue○ Loss/thinning hair○ Poor memory○ Sciatic/lumbago | <ul style="list-style-type: none">○ Sort throat○ Tinnitus (low)○ Urine output○ Will power○ Other |
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LIVER & GALLBLADDER MERIDIAN/ORGAN NETWORK

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| <ul style="list-style-type: none">○ Anger/irritable/temper○ Blurry vision/spots○ Bruising○ Depression○ Distention/bloating○ Eye/vision problems | <ul style="list-style-type: none">○ Headaches○ Hemorrhoids○ Indigestion○ Irritable bowel○ Menstrual irreg.○ Migraines | <ul style="list-style-type: none">○ Naus/vomit○ PMS○ Stiff neck○ Still shoulders○ Tinnitus (high)○ Other |
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HEART & SMALL INTESTINE MERIDIAN/ORGAN NETWORK

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|---|--|---|
| <ul style="list-style-type: none">○ Abdominal pain○ Anemia○ Anxiety/dread○ Digestive troubles○ Dream dist. Sleep○ Elbow/shoulder pain○ Hearing problems | <ul style="list-style-type: none">○ Heart problems○ Hot flashes○ Hot painful joints○ Insomnia○ Lack of joy/humor○ Mouth/tongue sores○ Palpitations | <ul style="list-style-type: none">○ Poor circulation○ Restless○ Sleep problems○ Upper back pain○ Urine problems○ Other |
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SPLEEN & STOMACH MERIDIAN/ORGAN NETWORK

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| <ul style="list-style-type: none">○ Abdominal pain○ Aching/heavy limbs○ Appetite/digestive prob.○ Belching○ Bruise easily○ Colic/indigestion | <ul style="list-style-type: none">○ Difficult to focus○ Distention/bloating○ Headaches○ Irritable bowel○ Lethargy/fatigue○ Loose stools | <ul style="list-style-type: none">○ Muscles weak○ Nausea/vomit○ Poor memory○ Prolapsed○ Worry/overthinking○ Other |
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