Balanced Care Clinic
E-309 Commissioners Road, West
London, ON N6J 1Y4
519-630-1654

Kira Benoot
Acupuncturist
519-809-1015

CONFIDENTIAL PATIENT CASE HISTORY

PATIENT NAME: _____ ☐MALE ☐FEMALE DATE: _____ FILE#: _____

DATE OF BIRTH: _____ AGE: _____

Please complete this questionnaire. Below is a list of conditions which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall diagnosis, treatment plan and possibility of being accepted for care. Your answers will help us determine if acupuncture can help you. If we do not sincerely believe your condition will respond satisfactorily, we will not accept your case. Please answer as honestly as possible; we want all the facts about your health to best serve you.

THIS IS A CONFIDENTIAL HEALTH REPORT, unless you give written consent, all information will remain confidential within this clinic.

Check any of the following you have had in the Past Year.

GENERAL
- □ Blackouts
- □ Chills
- □ Convulsions
- □ Fainting/ lightheadedness
- □ Fatigue
- □ Fever
- □ Headache
- □ Loss of sleep
- □ Loss of weight
- □ Migraines
- □ Neuralgia (pinched nerve)
- □ Numbness
- □ Seizures
- □ Sweats
- □ Tingling
- □ Tremors

MUSCLE & JOINT
- □ Arthritis
- □ Artificial Joints
- □ Bursitis or Tendonitis
- □ Fibromyalgia
- □ Hernia
- □ Jaw (TMJ) pain
- □ Low back pain
- □ Neck Pain or Stiffness
- □ Pain between Shoulders

Pain Tingling or Numbness
- □ Shoulders
- □ Arms
- □ Elbows
- □ Hands/Wrists
- □ Hips □ Legs
- □ Knees □ Feet
- □ Rib / Ribcage

- □ Painful tail bone / coccyx
- □ Painful pelvic joints / SI
- □ Surgical hardware (pins/plates)
- □ Poor Posture
- □ Sciatica
- □ Spinal Curvature
- □ Sprain or Strain of Joint
- □ Swollen Joints
- □ Stiff / Sore Joints
- □ Walking Problems
- □ Cramping in Legs
- □ Muscular Weakness

SKIN
- □ Boils
- □ Bruise easily
- □ Hives or Allergy
- □ Sensitive Skin

GASTRO-INTESTINAL
- □ Blood in stool
- □ Colon Trouble
- □ Gall Bladder Trouble
- □ Hiatal hernia
- □ Heartburn
- □ Hemorrhoids
- □ Intestinal worms / parasites
- □ Jaundice
- □ Liver Trouble
- □ Mucus in stool
- □ Pain over Stomach
- □ Ulcers
- □ Vomiting Blood

EYES-EARS-NOSE-THROAT
- □ Dental Decay
- □ Earache or infection
- □ Ear Discharge
- □ Enlarged Glands
- □ Enlarged Thyroid
- □ Failing Vision/ Blindness
- □ Far Sightedness
- □ Glaucoma
- □ Gum Trouble
- □ Hay Fever
- □ Hoarseness
- □ Metallic taste
- □ Nasal Drainage
- □ Nasal Obstruction
- □ Near Sightedness
- □ Nosebleeds
- □ Sinus Infection
- □ Sore Throat
- □ Tonsillitis

RESPIRATORY
- □ Chest pain
- □ Chronic Cough
- □ Difficulty Breathing
- □ spitting up Blood
- □ spitting up Phlegm
- □ Wheezing

CARDIO-VASCULAR
- □ Hardening of Arteries
- □ High Blood Pressure
- □ Low Blood Pressure
- □ Irregular Heartbeat
- □ Pain over heart / Chest
- □ Previous Heart trouble
- □ Poor Circulation
- □ Swelling of Ankles
- □ Varicose Veins
- □ **Pacemaker**

GENITOURINARY
- □ Bed-wetting
- □ Bladder infection
- □ Blood in urine
- □ Kidney Infection or Stones
- □ Pus in Urine

FOR WOMEN ONLY
- □ Painful Menstruation
- □ Hot Flashes
- □ Irregular Cycle
- □ Cramps or Backache
- □ Vaginal Infections
- □ Congested Breast
- □ Lumps in Breast

HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS?
- □ Alcoholism
- □ Anemia
- □ Appendicitis
- □ Arthritis
- □ Cancer
- □ Chicken Pox
- □ CoVid-19
- □ Scarlet Fever
- □ Depression / Confusion
- □ Diabetes
- □ Diphtheria
- □ Eczema
- □ Emphysema
- □ Epilepsy
- □ Goitre
- □ Gout
- □ Heart Disease
- □ Heart Murmur
- □ Hemophilia
- □ High Cholesterol
- □ H.I.V Positive
- □ Immune Disorder
- □ Influenza / Flu
- □ Malaria
- □ Measles
- □ Meningitis
- □ Mental Disorder
- □ Multiple Sclerosis
- □ Mumps
- □ Paralysis
- □ Pleurisy
- □ Pneumonia
- □ Polio
- □ Rheumatic Fever
- □ Small Pox
- □ Stroke
- □ Tuberculosis
- □ Typhoid Fever
- □ Ulcers
- □ Venereal Disease
- □ Whooping Cough

Were you ever knocked unconscious?
□ Yes □ No

FAMILY HISTORY
- □ Stroke
- □ Heart Disease
- □ Hypertension
- □ Cancer
- □ Diabetes
- □ Transient Ischemic Attacks
- □ Spinal Disorders
- □ Nervous System Disorders
- □ Muscular Disorders
- □ Mental Disorders

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PLEASE INCLUDE DATES TO THE FOLLOWING:

LIST OF SURGERIES OR HOSPITALIZATIONS:

_____
_____
_____

LIST OF FRACTURES OR DISLOCATIONS:

_____
_____

LIST OF AUTO ACCIDENTS:

_____
_____

LIST OF INJURIES, FALLS, ACCIDENTS (SPORTS, WORK, RECREATIONAL):

_____
_____
_____

OVERUSE OR REPETITIVE INJURIES:

_____
_____

HEALTH CONDITIONS DIAGNOSED WITH, AND/OR ARE CURRENTLY UNDER CARE FOR:

_____
_____
_____

Additional Comments:

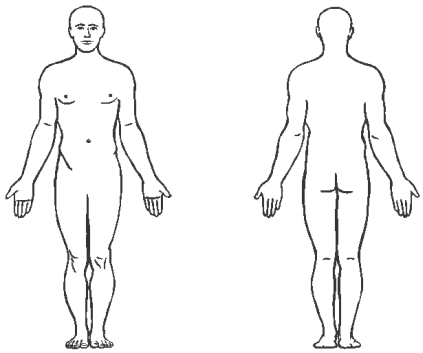
_____
_____
_____

PLEASE COLOUR IN AREAS OF PAIN, TINGLING OR TENDERNESS, ETC AND LABEL AS FOLLOWS:
T – TINGLING
N – NUMBNESS
P – PAIN/ TENDERNESS
ST – STIFFNESS
W – WEAKNESS
O – OTHER (achy, throbbing, sharp-shooting, etc)

PAIN SCALE (PLEASE CIRCLE):

1 2 3 4 5 6 7 8 9 10

1 – LOW PAIN
10 – SEVERE PAIN
5 – MODERATE PAIN



Pain:
□ constant pain
□ pain comes and goes
□ stiffness □ swollen
□ local pain □ travelling pain
□ poor range of motion

□ better with heat
□ better with ice / cold
□ better with rest
□ better with exercise
□ better with massage / pressure

□ painful to touch
□ worse with changes in weather:
□ with cold □ with heat
□ with wind □ with rain

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Today's visit:

Main Health Concerns:

Reason(s) for today's visit:

1) _____
2) _____
3) _____

Since when:

_____

Main symptoms:

_____
_____
_____

List of Supplements and Medications (Prescription and Over the Counter) & conditions treated:

_____
_____
_____
_____

Are you taking any anticoagulant medications? □ YES □ NO

List all allergies:

_____
_____

Do you use/consume the following:

- Tobacco: How often:
- Alcohol: How often:
- Marijuana: How often:
- Other Drugs: How often:

(if so please list what kind of drugs)

_____

Acupuncture (TCM) Related Full Body Questions

Acupuncture is a Traditional Chinese Medicine (TCM), a holistic therapy that views the entire body as an integrated whole system. In doing this, it helps to identify the root of the symptoms presented with your condition to help develop a Chinese diagnosis to help treat the body. This is done by first undergoing a series of questions that reflect all aspects of your life from diet to sleep to emotions to symptoms, these questions include the Meridian/Channel functions that are in control of different functions within your body. These Meridians flow underneath the skin and help with blood and Qi (vital energy that helps our bodies run properly) circulation to help keep the body at homeostasis. Disruptions with this flow of Energy (Qi) or Blood arises ailments and disharmonies within the body.

Answering the questions on the next page as honestly as possible helps your Acupuncturist to better diagnose you and better formulate a treatment plan to help treat your condition. However, your Acupuncturist cannot diagnose any condition with a Western Medical Diagnosis, all Diagnosis' will be done through the guidelines of Traditional Chinese Medicine.

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TCM Heart Meridian:
□ do you take a long time to fall asleep
□ do you toss and turn all night
□ do you wake up between 1 and 3 am
□ recurring dreams or nightmares
□ night sweats – hot at night
□ do you sweat when anxious
□ Palpitations – chest tightness

TCM Lung System:
□ shortness of breath / wheezing
□ breathing difficulties / asthma
□ Sleep apnea
□ environmental allergies / nasal congestion
□ nose bleeds
□ dry nose
□ nasal discharge
□ do you catch cold and flus easily / frequent colds
□ does it take a long time to recover
□ alternating fever and chills
□ sore throat / dry throat
□ dry skin / skin conditions

Brain Health:
□ poor short term memory
□ poor long term memory
□ cant retain information
□ poor focus, poor concentration

Vision and Hearing:
□ tinnitus (ringing in ears) – high pitch
□ comes and goes
□ constant
□ tinnitus - low pitch
□ comes and goes
□ constant
□ ear pain
□ ear feel stuffy / discharge
□ deafness
□ blurred vision
□ floaters – spots in vision
□ poor night vision
□ dry eyes
□ tearing when windy or crusty eyes
□ eye twitch
□ eye pain
□ dizziness

Female Health:
1st Period age: _____
Today is cycle day: _____
Cycle length: _____
Period lasts: _____ to _____ days
Blood colour:
_____
Flow is:
□ light
□ medium
□ heavy
Clots:
□ small
□ medium
□ large
Cramps:
□ mild/dull □ stabbing pain
□ PMS: tender breasts / bloating / cravings / fatigue / low back pain
□ ovulation pain
□ intercourse pain
□ vaginal discharge

Fertility:
□ birth control / how long:
_____
□ seeing reproductive endocrinologist
□ trying to conceive since:
_____
□ IVF / IUI treatment
Pregnancy:
□ pregnant
How many weeks _____
Due date _____
□ number of children
_____
□ C-section
□ strenuous labor
□ Miscarriage
When: _____
_____
_____
_____
Menopause:
□ menopause began at: _____ years old
□ night sweats/ hot flashes
□ vaginal dryness

Male Health:
□ low libido
□ seminal emission
□ premature ejaculation
□ erectile dysfunction
□ prostate troubles
□ low sperm count / motility
□ low sperm morphology
□ tiredness or sore back after ejaculation

TCM Kidney and Bladder Meridian:
□ dark scanty urine
□ dribbling urination
□ strong smelling urination
□ frequent urgent urination
□ painful urination - burning
□ bladder incontinence / inability to control bladder
□ getting up at night to urinate
□ premature grey hair
□ hair loss
□ wore teeth braces as a child
□ history of broken bone(s)
□ low bone density
□ edema of lower legs

TCM Spleen System Meridian:
□ mental fatigue
□ difficult getting out of bed in AM
□ not hungry for breakfast
□ poor appetite
□ bloating after meals
□ cravings – sweet – salty – bitter – spicy - greasy foods
□ food sensitivities
Do you snack late at night?
□ YES: what time _____
□ No

TCM Stomach Meridian:
□ canker sores: mouth - tongue
□ bad breath / bleeding gums
□ acid reflux / heart burn
□ thirst for cold drinks
□ thirst for hot drinks
□ dry mouth
□ constant hunger / excess appetite
□ excess belching or gas
□ nausea / vomiting
□ difficulty digesting fats

Skin Health:
□ history of skin issues
□ acne
Acne location:
_____
□ eczema
Eczema location:
_____
□ psoriasis
□ greasy / oily skin
□ dry / itchy skin
□ rashes

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TCM Large Intestine Meridian:
□ constipation
□ abdominal cramps and pain
□ straining with bowel movement
□ gas – feeling tired after bowel movement
□ loose stools
□ diarrhea
□ smelly diarrhea / blood in stools
□ urgent painful diarrhea
□ alternating diarrhea and constipation
□ hard, small, dry pebble like stools
□ sticky stools
□ undigested food in stool

Headaches:
□ frontal / orbital (at forehead or back of skull)
□ temporal (at temples)
□ vertex (top of head like headband)
□ whole head
□ better with heat □ better with cold
□ better with rest □ better with exercise
□ mild / stabbing pain
□ pain in one place / moving pain
□ migraines
How often do you have headaches?
_____ x a week
Time of day experience headaches:
□ morning □ afternoon
□ evening

Headache with change of weather:
□ YES □ NO
If yes, what type of weather do you experience headaches (ex: rain, snow, summer, winter etc.)
_____
_____
_____
_____

Body Temperature:

□ cold hands □ hot palms
□ cold feet □ hot feet
□ cold body □ hot body
□ cold nose □ hot at night
□ loves summer □ loves winter
□ loves warm foods □ loves cold foods / salads
□ alternate between cold and hot
□ doesn't like extreme temperature changes