



"Acupuncture for Everyone"

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## Women's Health History Form

Do you have lower back weakness, soreness, or pain, or knee problems? yes no

Do you have ringing in your ears or dizziness? yes no

Is your hair prematurely gray? yes no

Do you have vaginal dryness? yes no

Is your midcycle fertile cervical mucus scanty or missing? yes no

Do you have dark circles under your eyes? yes no

Do you have night sweats? yes no

Are you prone to hot flashes? yes no

Would you describe yourself as afraid a lot? yes no

Do you have premenstrual lower back pain? yes no

Is your low back sore or weak? yes no

Do you have cold feet, especially at night? yes no

Are you typically colder than those around you? yes no

Is your libido low? yes no

Are you often fearful? yes no

Do you wake at night or early in the morning because you have to urinate? yes no

Do you urinate frequently, and is the urine diluted and/or profuse? yes no

Do you have early morning loose, urgent stools? yes no

Do you have profuse vaginal discharge? yes no

Does your premenstrual blood tend to be dull in color? yes no

Do you feel cramps during your period that are relieved by a heating pad? yes no

Are you often fatigued? yes no

Do you have poor appetite? yes no

Is your energy lower after a meal? yes no

Do you feel bloated after eating yes no

Do you crave sweets? yes no

Do you have loose stools, abdominal pain, or digestive problems? yes no

Are your hands and feet cold? yes no

Is your nose cold? yes no

Are you prone to feeling heavy or sluggish? yes no

Are you prone to feeling heaviness or grogginess in the head? yes no

Do you bruise easily? yes no

Do you have poor circulation? yes no

Do you have varicose veins? yes no

Are you lacking strength in your arms and legs?     \_\_\_yes     \_\_\_no

Are you prone to worry?     \_\_\_yes     \_\_\_no

Have you been diagnosed with low blood pressure?     \_\_\_yes     \_\_\_no

Do you sweat a lot without exerting yourself?     \_\_\_yes     \_\_\_no

Do you feel dizzy or light-headed, or have visual changes when you stand up?     \_\_\_yes     \_\_\_no

Is your menstrual blood thin, watery, profuse or pinkish in color?     \_\_\_yes     \_\_\_no

Are you more tired around ovulation or menstruation?     \_\_\_yes     \_\_\_no

Do you ever spot a few days or more before your period comes?     \_\_\_yes     \_\_\_no

Have you ever been diagnosed with a prolapsed uterine?     \_\_\_yes     \_\_\_no

Are your menstrual cramps accompanied by a bearing –down sensation in your uterus?     \_\_\_yes     \_\_\_no

Are you often sick, or do you have allergies?     \_\_\_yes     \_\_\_no

Have you been diagnosed with hypothyroid or anemia?     \_\_\_yes     \_\_\_no

Do you have hemorrhoids or polyps?     \_\_\_yes     \_\_\_no

  

Do you have a pale, yellowish complexion?     \_\_\_yes     \_\_\_no

Are your menses scanty and/or late?     \_\_\_yes     \_\_\_no

Do you have dry, flaky skin?     \_\_\_yes     \_\_\_no

Are you prone to getting chapped lips?     \_\_\_yes     \_\_\_no

Are your fingernails or toenails brittle?     \_\_\_yes     \_\_\_no

Are you losing hair on your head (not in patches, but all over)?     \_\_\_yes     \_\_\_no

Is your hair brittle or dry?     \_\_\_yes     \_\_\_no

Do you have diminished night-time vision?     \_\_\_yes     \_\_\_no

Do you get dizzy or light-headed around your period?     \_\_\_yes     \_\_\_no

Are your lips, the inner side of your lower eyelids, or tongue pale in color?     \_\_\_yes     \_\_\_no

  

Is your menstrual flow ever brown or black in color?     \_\_\_yes     \_\_\_no

Do you feel midcycle pain around your ovaries?     \_\_\_yes     \_\_\_no

Do you have painful, unmovable breast lumps?     \_\_\_yes     \_\_\_no

Do you experience periodic numbness of your hands and feet (especially at night)?     \_\_\_yes     \_\_\_no

Do you have varicose or spider veins?     \_\_\_yes     \_\_\_no

Do you have red hemangiomas (cherry-red spots) on your skin?     \_\_\_yes     \_\_\_no

Does your complexion appear dark and “sooty”?     \_\_\_yes     \_\_\_no

Do you have chronic hemorrhoids?     \_\_\_yes     \_\_\_no

Does your menstrual blood contain clots?     \_\_\_yes     \_\_\_no

Have you been diagnosed with endometriosis or uterine fibroids?     \_\_\_yes     \_\_\_no

Is your lower abdomen tender to palpation?     \_\_\_yes     \_\_\_no

Can you feel any abnormal lumps in your lower abdomen?     \_\_\_yes     \_\_\_no

Do you have piercing or stabbing menstrual cramps?     \_\_\_yes     \_\_\_no

Do you have dark spots in your eyes?     \_\_\_yes     \_\_\_no

Have you ever been diagnosed with any vascular abnormality or blood clotting disorder?     \_\_\_yes     \_\_\_no

Are you prone to depression? yes no  
Are you prone to anger and/or rage? yes no  
Do you become irritable before your period? yes no  
Do you feel bloated or irritable around ovulation? yes no  
Does it feel as though your ovulation lasts longer than it  
Are your breasts sensitive/sore at ovulation? yes no  
Do you experience nipple pain or discharge from your nipples? yes no  
Do you have premenstrual breast distention or pain? yes no  
Have you been diagnosed with elevated prolactin levels? yes no  
Do you become bloated pre-menstrually? yes no  
Are your pupils usually dilated or large? yes no  
Do you have difficulty falling asleep at night? yes no  
Do you experience heartburn or wake up with a bitter taste  
in your mouth? yes no  
Are your menses painful? yes no  
Do you feel menstrual cramps in the external genital area? yes no  
Is your menstrual blood thick and dark, or purplish in color? yes no

Do you wake up early in the morning and have trouble getting back to sleep? yes no  
Do you have heart palpitations, especially when anxious? yes no  
Do you have nightmares? yes no  
Do you seem low in spirit or lacking in vitality? yes no  
Are you prone to agitation or extreme restlessness? yes no  
Do you fidget? yes no  
Do you sweat excessively, especially on your chest? yes no

Are your mouth and throat frequently dry? yes no  
Are you frequently thirsty for cold drinks? yes no  
Do you often feel warmer than those around you? yes no  
Do you wake up sweating or have hot flashes? yes no  
Do you break out with red acne (especially premenstrually)? yes no  
Do you have a short menstrual cycle (less than 25 days)? yes no  
Do you have vaginal irritation or rashes? yes no

Do you feel tired and sluggish after a meal? yes no  
Do you have fibrocystic breasts? yes no  
Do you have cystic or pustular acne? yes no  
Do you have urgent, bright, or foul smelling stools? yes no  
Does your menstrual blood contain stringy tissue or mucus? yes no  
Are you prone to yeast infections or vaginal itching? yes no  
Do your joints ache (especially with movement)? yes no  
Are you overweight? By how much? \_\_\_\_\_ yes no

Do you have foul smelling, yellow, or greenish vaginal discharge? yes no  
Are you prone to vaginal and/or rectal itching in the second phase of your cycle? yes no  
Does your lower abdomen feel cooler to the touch than the rest of your abdomen? yes no  
Have you every tracked your cycle using a BBT Chart? yes no