



Acupuncture Questionnaire

Name: _____ Date: _____

Primary Care Physician: _____

Physician's Phone Number: _____



1. Start by listing in order of importance (1 being the most important) the reasons you wish to see the doctor.

1.
2.
3.
4.

Instructions:

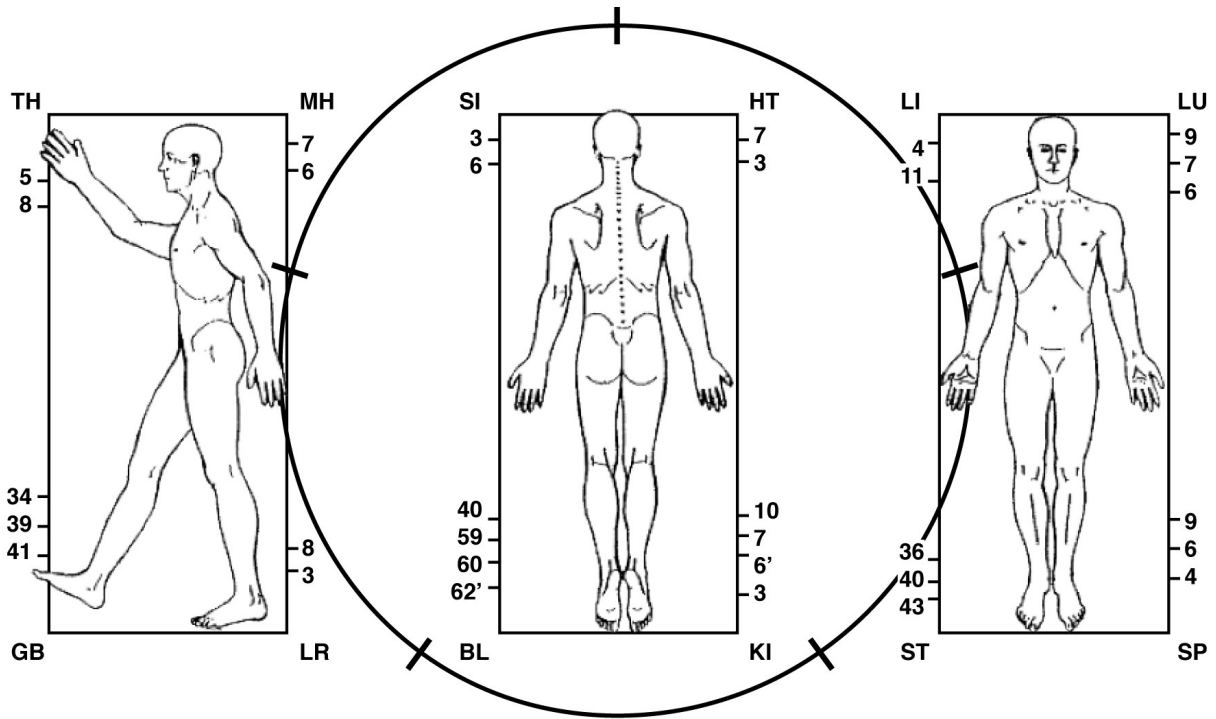
Please circle or check the answers that apply to you at least 80% of the time. Be nonjudgmental and don't think about the answers too much. Leave blank any boxes that do not apply to you or that you are unsure of. There are no correct answers. Your honesty will result in a better treatment.

2. Please circle one answer for each of the following questions.

Five phase questions	Wood	Fire	Water	Earth	Metal
My favorite season	Spring	Summer	Winter	Harvest (late summer)	Autumn
My favorite color	Blue – Green (turquoise)	Red	Dark Blue or Black	Yellow (earth tones)	White
My favorite flavor	Sour, citrus, acidic	Bitter, roasted	Salty	Sweetness	Spicy, flavorful
My predominant emotional tendency	I tend to get angry.	I am excitable.	I get scared.	I tend to worry.	I tend to feel sad
My predominant psychological characteristic	I tend to be anxious and irritable.	I am joyful and creative.	I am willful and ambitious.	I often find myself in deep thought.	I tend to get depressed.
My usual reaction to stress	I clench. My muscles get tight.	I tend to cry.	I tremble. My body feels shaky.	My stomach feels upset.	My chest feels tight.
My fingernails can be characterized as	Elongated	Long and narrow	Crescent moon	Triangular	Rectangular



3. On the anatomical figures below mark the area or areas where you have pain or other problems. Please be as accurate as possible about the locations.



JUE YIN / SHAO YANG

Pain Assessment
Location:
Onset:
Makes Better:
Makes Worse:
Associated Symptoms:
Quality: <input type="checkbox"/> constant <input type="checkbox"/> intermittent <input type="checkbox"/> sharp <input type="checkbox"/> dull <input type="checkbox"/> pressure <input type="checkbox"/> burning
Severity: 1 2 3 4 5 6 7 8 9 10

SHAO YIN / TAI YANG

Pain Assessment
Location:
Onset:
Makes Better:
Makes Worse:
Associated Symptoms:
Quality: <input type="checkbox"/> constant <input type="checkbox"/> intermittent <input type="checkbox"/> sharp <input type="checkbox"/> dull <input type="checkbox"/> pressure <input type="checkbox"/> burning
Severity: 1 2 3 4 5 6 7 8 9 10

TAI YIN / YANG MING

Pain Assessment
Location:
Onset:
Makes Better:
Makes Worse:
Associated Symptoms:
Quality: <input type="checkbox"/> constant <input type="checkbox"/> intermittent <input type="checkbox"/> sharp <input type="checkbox"/> dull <input type="checkbox"/> pressure <input type="checkbox"/> burning
Severity: 1 2 3 4 5 6 7 8 9 10

Treatments I've tried: Physical therapy Chiropractic Injections _____



4. Please check any statements that apply to you.

JUE YIN / SHAO YANG

Fire

MH Master of the Heart (KM)	I can be characterized as irritable, anxious, nervous and emotionally unstable at times.
	I tend to harbor grudges and have explosive anger.
	I tend to get tension headaches or stress-related headaches.
	I have insomnia.
	I prefer dark chocolate.
	I tend to find problems in any situation.
	I experience premature ejaculation.
	I tend to repeat certain activities to relieve anxiety.
TH Triple Heater (KT)	I tend to obsess about things, including sex.
	I can be characterized as clear thinking and decisive.
	I get agitated and this results in insomnia.
	I tend to grind my teeth and have tight jaws.
	I tend to have great self-confidence.
	I have muscular aches and cramps.
	I tend to be well muscled, well build and need to stretch.
	I generally speak rapidly.
(KT)	I experience hot flashes.
	I have ringing in my ears.
	I tend to tap my fingers and fidget.

Wood

GB Gallbladder (CR)	I can be characterized as indecisive, well built, and/or having dark circles under my eyes.
	I lack self-confidence.
	I am sensitive to ridicule.
	I develop insomnia when I am insecure and I sleep poorly, waking up between 11pm and 3am.
	I have neck and shoulder problems.
	I have temporal and occipital headaches.
	I have gallbladder and/or digestive problems.
	I do not enjoy new challenges.
	I tend to have lateral or side hip pain.
	I tend to have recurrent muscle injuries.
LR Liver (AM)	My stool tends to float and smell putrid.
	I like silence.
	I can be characterized as timid, concealing myself or hiding behind walls.
	I am reluctant to face challenges.
	I prefer chocolate.
	I am sensitive to caffeine, and I need it as a pick-me-up.
	I started wearing glasses as a young child.
	I have eye problems like cataracts, glaucoma, or recurrent infections.
	I have tension in my neck and upper back.
	I get migraine headaches.
(AM)	I tend to have itchy skin or coarse brittle hair.
	My palms tend to be sweaty requiring a handkerchief.
	I wait for others to open doors for me.
	I tend towards anger and irritability.



SHAO YIN / TAI YANG

Fire

HT Heart (LRF)	I can be characterized as flamboyant, passionate, and dramatic. I am the life of the party.
	I frequently exude heat. I feel flushed, sweaty, and angry.
	I tend towards sexual hyperactivity.
	I tend to have chest pain or palpitations, or I have been diagnosed with hypertension.
	I have had one or more of the following problems: arm pain, cold feet, stiff joints and puffy eyes.
	I tend to be talkative or noisy.
	I tend to be creative and impulsive.
	I cannot sleep when I am nervous.
SI Small Intestine (CGN)	I tend to like a lot of colors, especially red.
	I tend to worry repeatedly about the same thing.
	I can be characterized as energetic, competitive, imposing, and impatient.
	I tend to be nervous and touchy.
	I experience migrating aches and pains, including occasional headaches.
	I am in reasonable shape and well-muscled.
	I have lower back spasms.
	I tend to have light menstrual periods.
	I often have cold hands.
	I tend to have low blood pressure.
	I am often tired and lightheaded.

Water

BL Bladder (BAA)	I can be characterized as intelligent and hyperanalytical but am often indecisive or fearful.
	I have a history of recurrent urinary tract infections, urethritis, incontinence, or kidney problems.
	I am capable of paranoia or psychotic immobility.
	I tend to have poor stamina and/or low libido.
	I tend to go on binges and suffer from digestive problems.
	I have lower back pain.
	I tend to get a stiff neck.
	I become mentally incoherent when I am tired.
KI Kidney (SB)	I can be characterized as a perpetual student, inhibited, passive, fearful, hesitant, private, and secretive. I prefer to be alone.
	I have problems with will, motivation, and self-discipline.
	I am sexually egocentric and have a low activity level.
	I tend to have recurrent sore throats, tonsillitis, kidney infections or kidney stones.
	The front of my neck feels sensitive.
	I have frequent urination, especially when I am cold or stressed.
	I am prematurely gray or balding.
	I tend to be suspicious, wary, and keep secrets.
	I have an affinity for water and salt, but I dislike cold.
	I tend to be chilly with cold hands and feet.
	I experience lower back pain, nontraumatic knee pain, and joint aches when I am tired.
	I have problems with my hearing and/or balance.
I am sensitive to noise and music.	
I tend to not communicate well.	



TAI YIN / YANG MING

Earth

SP Spleen (DW)	I can be characterized as round and fleshy with full lips, calm, and peaceful.
	I have a history of abdominal bloating and diarrhea.
	I have had anemia or recurrent infections.
	I often feel heaviness in my thighs and calves.
	I tend to have little hair, dry mouth, or cracked lips.
	I have varicose veins or cold feet.
	I am affected by dampness.
	I tend to like sweets.
	I have had menstrual or fertility problems, PMS, or uterine prolapse.
	I lack ambition, I will not exert myself ever, and if I could I would lie in bed all day.
	I get upset by changes.
	I tend to be sensitive to flavors and odors.
	I tend to be absent-minded or obsessive.
ST Stomach (EWP)	I can be characterized as a gourmet and gain weight easily.
	I enjoy life and am a pleasure seeker.
	I have an aversion to noise or loud sounds.
	I have been diagnosed with heartburn, gastroesophageal reflux disease (GERD), or peptic ulcer disease (PUD).
	I have had tennis elbow.
	I have had dental disease, gum problems, or sores in my mouth.
	I have been diagnosed with an eating disorder.
I tend to get tired in the late afternoon.	

Metal

LI Large Intestine (FG)	I can be characterized as gaunt, thin, often in a bad mood, and preoccupied with bowel habits.
	I have a history of recurrent sinusitis, colds, and/or cough.
	I often have bad breath, a variable appetite, and a coated tongue,.
	I have poor digestion or experience intestinal disturbances like colic, constipation, and occasional diarrhea.
	I find it difficult to be in a good mood or have positive thoughts and feelings.
	I have been diagnosed with bipolar disorder.
	I have a strong belief in honor, duty, and responsibility and have a healthy respect for the law.
I tend to feel tired, worn out, and melancholy.	
LU Lung (NC)	I can be characterized as having long thin features, narrow chest, slight shoulders, often sighing with occasional shortness of breath.
	I have a history of respiratory problems such as bronchitis, pneumonia or asthma , or COPD with cough and phlegm.
	I have had difficulty quitting smoking.
	I have skin disorders like eczema or psoriasis.
	I tend to have respiratory allergies.
	I am affected by dryness and/or sweat a lot.
	I have a history of constipation alternating with diarrhea.
	I have been diagnosed with Irritable Bowel Syndrome (IBS).
	I tend to be organized and methodical.
	I tend to have low appetite.
I am honest, meticulous, stingy and righteous.	
I tend toward depression, especially in winter.	



For physician use only.

Pulse Diagnosis

	L	
SI		HT
GB		LR
BL		KI

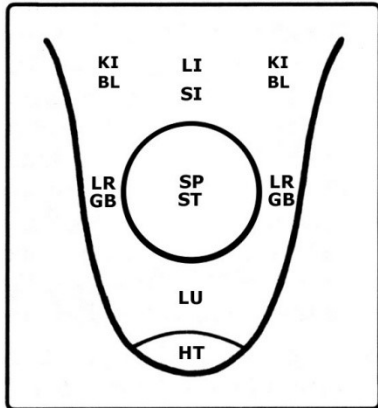
	R	
LU		LI
SP		ST
MH		TH

Rate: slow - normal - rapid

Rhythm: regular - irregular

Notes:

Tongue Diagnosis



Size/Shape: thin - normal - swollen - _____

Color: pale red - red - purple - _____

Coating:

Color: absent - white - yellow - brown - _____

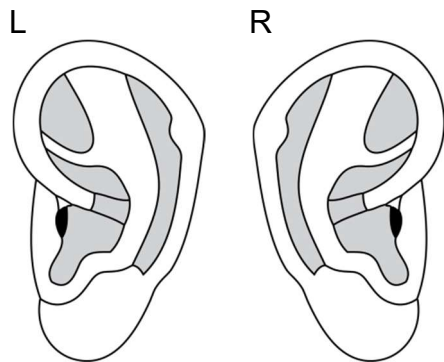
Thickness: thin - normal - thick - _____

Underside: veins - normal - distended - _____

Moisture: dry - normal - wet - _____

Markings: points - cracked - scalloped - _____

Ear Treatment



Notes:

Assessment

Impression:

TCM Diagnosis:

Treatment Plan:

Recommendations:

Comments:



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Informed Consent for Acupuncture

I, _____, do voluntarily, knowingly and willingly give my consent to acupuncture treatment for my condition or my minor child, _____. Acupuncture is an art of healing involving the stimulation of specific points of the body to treat disease and relieve pain. It works by increasing the body's energy and helping the energy to flow better. When energy does not flow well, we may suffer from illnesses. Acupuncture treatments will strengthen your body and your immune system.

Potential Risks

The possible risks, which I understand and accept, include, but are not limited to, fainting, infection, bleeding, lung puncture, other organ puncture, nerve damage, including spinal cord trauma, local bleeding, swelling and broken needles. I recognize that significant sickness or even death could occur as a very remote but real possibility of this therapy, which places needles through the skin and uses either manual or electrical stimulation.

I am also aware that acupuncture may mask an underlying condition or retard a more exact diagnosis where alternative therapy may be known to be indicated.

What We Should Know to Make Treatment Safer

Contraindications for acupuncture include a history of a bleeding disorder or current anticoagulant therapy, implanted pacemaker or prosthetic valve, pregnancy, or seizure disorder. I understand and have informed or will inform my acupuncturist if any of these conditions exist.

Although acupuncture has been used in Asia for thousands of years and in Europe as an authentic therapeutic modality, acceptance by the U.S. medical community is developing slowly. While it is still considered complementary or alternative by many, the National Institutes of Health (NIH) has recognized acupuncture as a reasonable clinical option for postoperative pain as well as myofascial pain and lower back pain. NIH has also recognized positive clinical reports for treatment of addiction, stroke rehabilitation, carpal tunnel syndrome, osteoarthritis, and headache. Acupuncture is used to treat a much wider variety of conditions, and I am informed that the scientific evidence for its efficacy for my condition may not have been established.

Certain medications or social habits are known to lessen the potential results of acupuncture. These include alcohol, tobacco, steroids, and narcotics. I understand and have informed or will inform my acupuncturist of any substances taken by me included in this list.

Informed Consent to Receive Treatment

I hereby consent to such treatment and release the practitioner from any and all claims of damages for injury which may result from such treatment. I have had the opportunity to ask questions, which have been answered to my satisfaction, and I have carefully read and understand this consent form. I understand the hazards and potential dangers involved in treatment by means of acupuncture. The nature and consequences of the above treatment have been fully explained to me, and I am convinced that the treatment is in my best interest. I confirm that no guarantee of results have been made to me. I represent that I am seeking acupuncture in order to further my own health and for no other reason. I am aware that I may withdraw this consent and stop treatment at any time.

Signature of Patient or Legal Guardian

Patient/Guardian's Printed Name

Date



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Informed Consent for Acupuncture

Will Insurance Cover My Visit?

Dr Bindal participates in most major insurance companies as a provider of Family medicine. Some plans also offer "out of network benefits," the details of which vary greatly. Please contact your insurance company or plan manager to find out what is and is not covered under your policy.

Dr. Bindal is not a participating provider with any insurance companies for acupuncture; full payment is required at the time of service. We will, upon request, provide you with a superbill, which you may then submit to your insurance company; some insurance policies reimburse some of our services such as acupuncture and naturopathic medicine.

Integrative medical care does not replace the need for a primary care physician. You must maintain an on-going relationship with a primary care physician.

I have read and understand the policies listed above.

Name _____ Date _____

