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## Contact Information

*Your contact information is confidential and will not be shared.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Marital Status \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Emergency Contact \_\_\_\_\_

(Name)

(Relationship)

(Phone)

Primary Care Physician \_\_\_\_\_

(Name)

(Phone)

Do you have allergies or issues with dogs? I have a dog that sometimes comes with me; is that ok?

\_\_\_\_\_

Who may I thank for referring you? \_\_\_\_\_

## Health Questionnaire

Main Health Concern

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check and circle any of the symptoms you have or have had in the past year:**

- Fatigue/ when is it the worst? \_\_\_\_\_
- Shortness of Breath // Asthma
- Sweat Easily // Lack of Perspiration
- General Weakness
- Feel worse after exercise
- Catch colds easily
- Muscle twitches// restless leg syndrome
- Black spots before your eyes
- Dizziness
- Cold hands// Cold feet
- In general are you... Cold // Hot // Temperate
- Feverish in the afternoon// heat flushes
- Sweaty palms
- Night sweats

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- Palpitations,
  - Restlessness
  - Anxiety/ PTSD/ Manic episodes
  - Insomnia // nightmares
  - Tendency to "overheat"
  - Inability to Focus or concentrate, irrational thoughts
  - Nervous, Easily excited, emotionally unstable
  - Passionate or Uninspired

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- Cough // nasal discharge // sore throat
  - Allergies
  - Eczema // Psoriasis
  - Nose bleeds
  - Dry mouth, throat, nose, skin
  - Chills alternating with a fever
  - Stiff, tight muscles // Stiff Posture
  - Lots of Loss or Grief
  - Perfectionist // difficulty letting go
  - Fear of Failure // Losing control
  - Tendency to be emotionally distant

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- Low appetite
  - Loose stools
  - Constipation
  - Tired after eating
  - Bruise easily
  - General heaviness in body// sluggish
  - Lack of mental clarity – foggy-thinking
  - Lack of boundaries// Co-Dependent
  - Repetitive thoughts of unworthiness or doubt
  - Nausea
  - Edema // swollen hands or feet

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- Bleeding gums// bad breath// canker sores
  - Heartburn// stomach pain// belching
  - Diarrhea alternating with constipation

- Feel better after exercise// unable to relax
- Tight feeling in chest
- Blood shot eyes // dry eyes
- Migraines
- High blood pressure
- Muscle spasms// neck tension occiput area
- Teeth-grinding// jaw clenching
- Seizures//convulsions
- Anger easily// irritated// rigid
- Symptoms worse with stress
- High pitch ringing in ears

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- Sore, cold or weak knees or ankles
  - Low back pain
  - Frequent urination// color: \_\_\_\_\_
  - Odor// difficulty// urgency// dribbling
  - Urinary tract infections // Yeast infections
  - Memory problems// Loss of hearing
  - Hair loss // brittle bones or joints
  - Depression // isolation// insecure
  - Low libido
  - Kidney or bladder stones
  - Low blood pressure
  - Frustration // Lack of motivation or will

Men: Any imbalances with genitalia, sex drive, libido?

Women: Are you Pregnant? YES NO  
Describe your cycle and symptoms:

Number of Pregnancies \_\_\_\_\_ Children \_\_\_\_\_  
Age of menopause \_\_\_\_\_  
Do you have bleeding between periods? \_\_\_\_\_  
Vaginal discharge \_\_\_\_\_ If so describe:

What is your daily stress level (1-10)? \_\_\_\_\_  
What is your biggest stress:

Any addictions? Habits you wish it shift?

What are the five most common things you eat?

What is your daily intake of water \_\_\_\_\_  
caffeine \_\_\_\_\_ alcohol \_\_\_\_\_ soda \_\_\_\_\_  
Do you smoke? What and how much? \_\_\_\_\_