Senior Citizen Health Survey

Name _____ Date _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____

Date of Birth _____ Sex ❑ M ❑ F

1 Check off any of the following symptoms you have experienced in the past 6 months:

- ☐ Low Back Pain
- ☐ Pain Between Shoulder Blades
- ☐ Neck Pain
- ☐ Tension/Headaches
- ☐ Tired, Fatigued
- ☐ Wrist/Hand Pain
- ☐ Elbow Pain
- ☐ Shoulder Pain
- ☐ Hip Pain
- ☐ Knee Pain
- ☐ Ankle/Foot Pain
- ☐ Ringing in Ears
- ☐ Tension Across Top of Shoulders
- ☐ Numbness/Tingling in Arms or Hands
- ☐ Numbness/Tingling in Legs or Feet
- ☐ Dizziness
- ☐ Nervous
- ☐ Difficulty Sleeping
- ☐ Allergies
- ☐ Digestive Problems
- ☐ Weight Trouble
- ☐ Restricted Mobility
- ☐ Other _____

Which of the above bothers you the most? _____

How long have you been bothered by the condition? _____

Describe how it feels or affects you when it is at its worst: _____

2 Does this cause you to be:

- ☐ Moody
- ☐ Irritable
- ☐ Interrupt Sleep
- ☐ Restricted on Daily Activities

3 Does this affect your work:

- ☐ Decision Making
- ☐ Poor Attitude
- ☐ Decreased Productivity
- ☐ Exhausted at End of Day
- ☐ Unable to Work Long Hours

4 Does this affect your life:

- ☐ Lose Patience with Spouse or Children
- ☐ Restricted Household Duties
- ☐ Hinders Ability to Exercise or Participate in Sports
- ☐ Interferes with Ability to Participate in Hobbies or Other Desired Activities

If you checked any of the above items, your organs are probably not functioning as well as they could, and your energy is probably not flowing as smoothly as it could be.

ACUPUNCTURE AND CHINESE HERBAL MEDICINE CAN HELP YOU because they gently and naturally treat the body to remove the stress and imbalance that CAUSE health problems.

WOULD YOU LIKE TO GET RID OF THE PROBLEM? ❑ YES ❑ NO

If your answer is Yes, there are several alternatives available to you. Please check the most appropriate for you:

❑ I would like to come to the Acupuncturist's office for an initial evaluation and consultation. There is NO CHARGE for this visit. This will allow me to find out if I can be helped by Acupuncture and Chinese Herbal Medicine without any financial barriers.

❑ I would like to come for further wellness classes.