

Intake Form: Pregnancy

Heavenly Star Acupuncture

Name:		Date of birth:	
Months pregnant:		Partner Status:	Children:
Occupation:		Phone:	
Address:			
Email:			
Preferred place of birth?			
Midwife Doula			
Other support			
Exercise			
Chief complaint (describe it in detail)			
Since?			
Any treatment/therapy or medicine? Any progress? Anything which relieves or worsens the situation?			
Has it happened before?			
Is it family related?			

Past history of diseases and medicine use (e.g. heart disease, diabetes, hypertension etc.)	
Any family diseases?	
Results of examinations by western medicine doctors?	
Pregnancy to date?	
Previous pregnancies?	
Pregnancies in the family	
Gynaecological operations/conditions	
Previously: Method of contraception? Menstruation – regular/irregular/stopped? Cycle length? Heavy/scanty bleeding? Dark or light in colour? Blood clots? Pre-menstrual tension? Period pains? Vaginal discharge? colour, odor, amount etc.	

General information	
How well do you sleep (dreams/nightmare), duration of sleep, waking rested etc.?	
Diet /appetite (vegan/vegetarian/intolerances?)	
Digestion? Acid reflux/indigestion	
Urine – what colour, how frequent, do you need to get up in the night to urinate? Defecation – how often, what colour, what consistency, any strong odours, any undigested food?	
Drinks (prefer warm/cold?)	
Aversion to cold/hot weather/temperatures	
Sweating (day/night)	
Headache (location)	
Dizziness	
Nausea / vomiting	
Joints/muscular pain	

Alcohol use	
Smoking	
Drugs / joints use	
Accident/trauma	
Tiredness	
Stress levels	
Emotional situation	
Eyes: dry, itchy, poor sight, floaters, painful, tension etc.	
Ears: Tinnitus / deafness	
Smells: Notice any particular smells?	
Taste: Special taste in mouth?	
Heart beat rate (fast, slow, irregular?)	

Other information if any (hair loss, nails, skin etc.)	
Complexion (pale/red)	
<p>Other concerns which you think are important to share</p> <p>heavenly star acupuncture</p> 	