**Intake form:**

Women

|  |  |
| --- | --- |
| Name:  | Date of birth:  |
| Gender:  | Relationship status:  | Children:  |
| Address: |  |
| Email: |  |
| Telephone: |  |
| Occupation: |  |
| **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 (eg heart disease, diabetes, hypertension etc)**  |  |
| Any family diseases? |  |
| Results of examinations by western medicine doctors?  |  |
| Method of contraception?Menstruation – regular/irregular/stopped? Cycle length? (between the bleeds)Heavy/scanty bleeding? Number of days?Dark or light in colour? Blood clots? Pre-menstrual stress? Period pains/cramps?Vaginal discharge? colour, odor, amount etc. Any previous gynaecological diseases or operations? History of pregnancy? Miscarriage? |  |
| **General information**  |
| How well do you sleep (dreams/nightmare), duration of sleep etc? |  |
| Diet /appetite |  |
| DigestionAny nausea/vomiting, gurgling, indigestion, acid reflux, bad breath? |  |
| Urine – what colour, how frequent, do you need to get up in the night to urinate?Defecation – how often/daily, what colour, what consistency, any strong odours, any undigested food? |  |
| Drinks (prefer warm/cold?) |  |
| Aversion to cold / hot temperatures/weather?  |  |
| Sweating (day/night) |  |
| Headache (location) |  |
| Dizziness  |  |
| Joints/muscular pain  |  |
| Stress levels |  |
| Alcohol use |  |
| Smoking  |  |
| Drugs / joints use |  |
| Accident/trauma  |  |
| Tiredness  |  |
| Emotional situation  |  |
| Eyes: dry, itchy, poor sight, floaters, painful, tension etc. |  |
| Ears: tinnitus / deafness?  |  |
| Smell: notice any particular smells? |  |
| Taste: Any special taste in the mouth on waking? |  |
| Heart beat rate (fast, slow, irregular?) |  |
| Complexion (pale/red) |  |
| Other information if any (hair loss, nails, skin etc) |  |
| Other concerns which you think are important to share  |  |