ACUJIN HOLISTIC THERAPIES
3670 Clairemont Drive Suite 10
San Diego, CA 92117
858 272 4627
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Conditions	Severity	Frequency
Please list your reasons for coming (health conditions) in the order of importance.	Rate pain or symptoms from "0" none to "10" severe. None.................................Severe	Please check the box that best represents the amount of time you feel your pain or symptoms.
1.	0 1 2 3 4 5 6 7 8 9 10	❑0-25% ❑26-50% ❑51-75% ❑76-100%
2.	0 1 2 3 4 5 6 7 8 9 10	❑0-25% ❑26-50% ❑51-75% ❑76-100%
3.	0 1 2 3 4 5 6 7 8 9 10	❑0-25% ❑26-50% ❑51-75% ❑76-100%
4.	0 1 2 3 4 5 6 7 8 9 10	❑0-25% ❑26-50% ❑51-75% ❑76-100%
5.	0 1 2 3 4 5 6 7 8 9 10	❑0-25% ❑26-50% ❑51-75% ❑76-100%

For each condition listed above, please mark how it happened:		
1	Date began?	How did it begin?
2	Date began?:	How did it begin?
3	Date began?:	How did it begin?
4	Date began?:	How did it begin?
5	Date began?:	How did it begin?

How have the mentioned conditions impaired or limited your daily activities?

Patient Medical History

1. List ALL disorders you are CURRENTLY being treated for (include the dates of when you were diagnosed):

2. List ALL Chronic Illnesses you have had in the past (Examples: Heart Attack, Stroke, Infections, Diabetes, high blood pressure, etc. – Include dates):

3. List Hospitalizations, Accidents, or Surgeries you have had in the past (include dates):