CASCO BAY ACUPUNCTURE & MASSAGE **FOOD AS MEDICINE**

Please take the time to make this form your own. The more detail you give me the better able we are to understand your relationship to food up to this point and where to go from here. Please feel free to write all over the form and in the margins.

Name_____ **Date**_____
Address_____Age_____
Email_____Sex_____
Phone(s)_____Occupation_____
Birthdate_____Marital status_____Height/Weight_____
List major events of your health history (illness, surgery, accidents, toxin, heavy metal exposure…, and your age at the time):

List any present complaints:

Feel cold often?_____ Dislike the Cold?_____Feel hot often?_____
Dislike the Heat? _____ Have afternoon flushes/fevers? _____ Night or daytime sweats?_____
Hot palms or soles? _____

Digestion (circle any that apply):Tend to Constipation? Loose Stools? Bloating? Gas? Other digestive issues?_____
Do you have any allergies to food or medications? Please list:
_____
_____

Do you have root canals? _____. If so, how many? _____.Were you breast fed? _____. If so, for how many months? _____.

Energy—Have enough?_____Appetite good?_____

Have a big thirst?_____ Small but frequent thirst? _____
Little or no thirst? _____ Like ice water? _____

Do you sleep soundly?_____ If not describe_____
Have lots of dreams? _____

Emotions. Excess?_____ Depression?_____ Unresolved resentments?_____
Other issues:

Describe any pain, stiffness or swelling in your body

Have headaches or dizziness?_____. Mucus issues?_____

Women's Health
Period: Painful?_____
Regular?_____Clotted?_____ PMS?_____
Vaginal discharge?_____Candida?_____ Number of Children _____ Miscarriages _____
Abortions_____Other issues_____

Is your urine clear like water?____, turbid or cloudy_____, scanty_____, yellow_____dark yellow_____
Men: Any reproductive/urinary/prostate/sexual issues?

Favorite colors, seasons, and flavors (circle) bitter, sweet, salty, pungent or hot, sour

Aversions to what colors, seasons, and flavors (circle) bitter, sweet, salty, pungent or hot, sour

List any prescription medications, herbal, vitamin or other supplements you are currently taking

Describe your daily physical exercise_____
_____

Any awareness practices? (Please list any meditation, prayer, affirmation, or other practices)_____
_____

Circle if yes: Do you use a microwave? Fluoridated, chlorinated water? Aluminum or stainless cookware? Coffee? Alcohol? Tobacco? Marijuana? Baking powder? Yeasted bread? Margarine? Shortening? Commercial Donuts, pastries, candy, pop? Foods with white flour, white sugar, white rice, white pastas? Deep fried foods?
Types of oils used_____

Describe Current Diet

Time on current diet?_____ organic %_____ Eat late at night?_____ Drink with meals? _____ If so, what and how much?_____
_____
Do you chew your food thoroughly?
Describe_____
How much water do you drink daily? _____ List all other beverages including rice milk or almond milk, tea, herbal teas, soymilk, etc.:

(Circle the meats that you eat): fish, fowl, mammal meats [beef, lamb, pork, etc.] List types of each, for example under fish one might list sardine, trout, wild salmon, farm salmon, etc.

(Circle if you eat these): eggs, dairy [e.g., cow milk, goat milk, cow cheese, cow yogurt, goat kefir, butter, etc.] List any others below;

(Circle all grains you eat): wheat, bread, oats, pasta, rice, wild rice, millet, corn, barley, rye, amaranth, quinoa, spelt, buckwheat, List any others below including types of bread and pasta

(Circle all legumes you eat): tofu, tempeh, miso, natto, black beans, pinto beans, mung beans, bean sprouts, aduki beans, garbanzo beans, limas, navy beans, lentils, dried peas, fresh green beans, fresh peas. List all others below

(Circle if you eat): sweet potato, yam, eggplant, tomato, potato, List below the main vegetables you eat

List the main fruits and berries that you eat.

List the main sea veggies you eat, if any:

(Circle if you eat): peanuts, cashews, almonds, brazil nuts, pistachios, filberts, walnuts, pine nuts, pecans, sunflower seeds, hemp seeds, flax seeds, pumpkin seeds, sesame seeds, tahini. List all others below including nut butters

(Circle if you eat): raw vinegar, pasteurized vinegar, honey, maple syrup, molasses, rice syrup, barley malt, sucanat, rapadura, green stevia powder, white stevia powder, clear stevia extract, green or brown stevia extract, xylitol, sorbitol, equal, aspartame, splenda, nutrasweet, saccharin, fructose, white sugar, brown sugar, turbinado sugar. List all other sweeteners that you eat

Please describe past diets:

Do you use a cell phone?_____ Have wireless networking at home or office? _____. Any chemical or toxin exposure at work or in the home? _____. Take airline flights regularly?_____
Number of hours per week you spend on a computer _____. Use a laptop? _____ Type on laptop keyboard? _____Use a desktop computer?_____. Use an LCD monitor [thin, flat panel]? _____. Use a CRT monitor [large, heavy monitor]? _____

Ever had pets in the house in your life?(describe)_____

Traveled to 3rd world countries?
(list)_____

Ever eaten sushi or raw meat?_____Ever had parasites that you know about?
_____

Please list pharmaceutical drugs history including antibiotic history (e.g., estimate the total number of times you've taken antibiotics in your life, even as an infant; please state if you've used antibiotics over a long period of time, such as for acne):

Street Drug History, including length of use of marijuana, cocaine, ecstasy, LSD, mushrooms, cacti, etc :

Birth Control pill history (please list the total number of months or years)
_____

What are your goals regarding food, your eating habits, your health? (please be specific)_____
_____
_____
_____
_____
_____

_____ _____
(signature of patient) (date)

_____
(printed name)