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Classical Chinese Medicine & Health

The goal of Classical Oriental Medicine is for us to develop an approach to our lives that is effective and healthy, even when faced with difficult situations. Oriental medicine offers classical practices that allow us to transform the energy of adversity into an effective and enlivening response.

The primary duty of the ancient Chinese physicians was health enhancement or "nourishing life." They helped their patients to live with vitality, awareness and meaning. With health seen as a dynamic state of balance integrating mind, body, emotion and spirit, an imbalance prevented someone from fulfilling their potential within themselves and society. If the roots of this imbalance were ignored, it would grow like a weed, sending out the leaves of unhappiness and poor health.

Over the continuous practice of more than a hundred generations, practitioners developed specific methods for identifying an imbalance. In Chinese, this process is called Bian Zheng or "pattern assessment" (identification of the underlying cause of health issues). Bian Zheng combines the traditional arts of pulse taking, tongue analysis and detailed questions and observations.

Once the pattern of imbalance has been identified a balancing strategy is developed. In general, the strategy involves a plan that may include traditional awareness based health practices, lifestyle counseling, herbal combinations, nutritional education, acupressure/bodywork, acupuncture and Feng Shui (arranging the external environment to support a free flow of energy). This integrates what are traditionally seen as internal and external strategies. Within this, our office specializes in a specific method of Chinese herbal medicine.

The Classical approach is applied over time to "nourish life" - helping us to live with vitality, awareness and meaning within our own unique circumstances.

It is important to note that you should have regular check-ups by your family physician, as the traditional Oriental health system does not diagnose or prescribe the cure of any specific Western defined disease, but deals with health enhancement and maintenance through encouraging the harmonizing and balancing of the energy (qi) system and functions of the body using traditional methods.

The following questions are standard inquiries made within Classical Chinese Medicine to determine any imbalance of energy and to suggest the herb formulas, diet, exercise, and other treatments that might be beneficial. The questions are used along with other means such as traditional pulse analysis and physical observations

What are your primary health issues right now?

- a) _____
- b) _____
- c) _____

Please circle one, or more if applicable, of the following items that seem accurate for you. Do not hesitate to write on the margin or on the back of a page if you would like to provide more information.

Would you describe your overall energy as: a) good b) fair c) low or

d) other _____

Please rate your energy during these times of day (on a scale of 1 - 10):

8am-11am _____

11am-2pm _____

2pm-4pm _____

4pm-6pm _____

6pm-9pm _____

9pm-bedtime _____

Do you a) sleep well and wake up rested b) have difficulty falling asleep
c) wake up at night with difficulty returning to sleep d) wake up earlier than you want
e) sleep restlessly and wake up tired?

About how many hours of sleep do you get a night? _____

Would you want to get more sleep, less sleep, or is the amount just about right?

Would your lifestyle approach to work or other activities more generally be one of

a) feeling pushed b) about the right pace c) not involved as much as you would like

d) other _____

Do you take time out regularly for recreation or activities you do purely for enjoyment?

Nerves	Good	_____	Fair	_____	Poor	_____
Anxiousness	Often	_____	Sometimes	_____	Seldom	_____
Depression	Often	_____	Sometimes	_____	Seldom	_____

Added Comments: _____

What is your principal occupation (student, parent, type of work, etc.)?

Are you enjoying your work, school, parenting, retirement or other principal activity?

Are there any unresolved conflicts, issues or stresses that may be affecting your health?

Describe your current means of obtaining exercise, including walks, gardening, etc.:

Describe any activities that you work with for physical/mental/spiritual well-being (meditation, support groups, religious or devotional activities, classes, retreats, etc.):

When under stress are you more likely to a) take immediate action to solve the problem b) discuss the situation with friends or other people to find the best solution c) find a quiet place to reflect on the best course of action to take ?

Would you describe your digestion as a) good b) fair c) poor ?

Do you experience a) bloated feeling after eating b) gas c) gurgling sounds in stomach d) belching and bitter taste in mouth ?

Would you describe your appetite as a) always hungry b) normal hunger c) rarely hungry d) force myself to eat ?

At what times of day do you eat?

meals _____

snacks _____

Do your bowel movements tend to be a) soft, loose b) dry c) neither and would you tend more toward a) diarrhea b) constipation c) neither ?

Do you follow any particular nutrition plan, e.g. vegetarian, macrobiotic, Atkins, Zone?

When you are with friends, stepping outdoors, would you more likely be a) the first to put on a sweater (tending to feel cool) b) the last to put on a sweater (tending to feel warm) c) right in the middle?

Do your hands and feet tend to be a) cooler b) warmer c) same as the temperature of the rest of your body?

Do you find yourself perspiring a) with only slight exertion b) normally after exertion or activity c) in the middle of the night when you wake up? (Remember you can circle more than one)

Do you prefer a room to be a) cool b) warm c) middle ?

Is your body temperature comfort range a) wide b) normal c) narrow

What season do you like the most and the least? _____

Do you have a strong reaction to bites or toxins (such as mosquito bites, poison oak, etc.)?

Is your blood pressure: Low Normal High

Do you have an issue with high cholesterol? _____

Are you pregnant or planning to become pregnant? _____

If applicable, describe your menstrual cycle (length of cycle, PMS symptoms, length of period, menstrual flow in terms of heavy, light, medium, any other information)

List any prescriptions, over the counter medicines, herbs or vitamins you are now taking:

What is the name of your doctor and when was your last visit?

What types of acute illnesses do you get, and roughly how often have you experienced them during the past five years?

Describe any pain your regularly experience or are now experiencing. Write on the back of the opposite page if more room is needed. Location and description (ache, burning, sharp, dull, etc.)

Does any activity, emotional stress, weather or other event precipitate or aggravate the pain?

What are you doing to relieve the pain and how well is it working?

Please provide any additional information about yourself or your condition that might not have been covered by the above questions. You may write on the back of the page if needed.

Have you tried a) oriental herbs b) acupressure c) acupuncture?

Today's Date _____

Birth Date _____

Height _____

Weight _____

Indicate with one check any condition that you sometimes experience; use two checks for those that occur often, and three checks for symptoms that are a major concern.

_____ fatigue

_____ flatulence

_____ weak appetite

_____ low body weight

_____ indigestion

_____ abdominal bloating

_____ food allergy

_____ diarrhea

_____ shallow breathing

_____ sinus congestion

_____ asthma

_____ perspire easily

_____ dry scalp

_____ weak nails

_____ skin eruptions

_____ spots in vision

_____ blurry vision

_____ anemia

_____ dizzy on standing

_____ light menstruation

_____ dry skin/hair

_____ palpitations

_____ racing heartbeat

_____ numbness in limbs

_____ lower back ache

_____ hearing loss

_____ ringing in the ears

_____ premature aging

_____ hair thinning

_____ frequent urination

_____ weak legs/knees

_____ diabetes

_____ inability to focus

_____ loose teeth

_____ dizziness

_____ darkness under eyes

_____ infertility

_____ developmental disorder

_____ night sweats	_____ insomnia	_____ feel warm in afternoon
_____ facial flush	_____ nervousness	_____ emotional instability
_____ dry stools	_____ high thirst	_____ premature ejaculation
_____ excess dreaming	_____ mouth sores	_____ nocturnal emission
_____ aversion to heat	_____ dry mouth/throat	_____ tired and restless
_____ dry cough	_____ memory issues	
_____ cold limbs	_____ frequent colds	_____ difficult to warm up
_____ impotence	_____ aversion to cold	_____ early morning diarrhea
_____ chronic loose stools	_____ frequent clear urination	
_____ irritability	_____ headaches	_____ tight neck / shoulders
_____ indecisive	_____ depression	_____ fullness below ribs
_____ lump in throat	_____ PMS	_____ bitter taste in mouth
_____ sore breasts	_____ sinus allergies	_____ varicose veins
_____ bleeding issues	_____ menstrual cramps	_____ pain in fixed location
_____ ovarian cysts	_____ masses or tumors	
_____ achiness	_____ loss of appetite	_____ feels like sack over head
_____ yeast infection	_____ vomiting	_____ muddled thinking
_____ heavy feeling	_____ edema	_____ nausea

_____painful urination _____pain or fullness in abdomen

_____thirst with no desire to drink

_____sore throat/tonsillitis _____nose bleed _____dark urine

_____herpes simplex _____hemorrhoids _____eye infections

_____nasal infections _____heartburn _____urinary tract infection

_____tendonitis _____stomach ache/ulcer _____prostatitis

_____ear infections _____gum problems _____dark diarrhea

_____constipation _____bad breath _____strong body odor

_____vaginal infection _____genital herpes _____bronchitis

_____hepatitis _____pelvic inflammatory disease