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ZEST
Acupuncture and Wellness

Consultation Form

Name:	
Address:	
DOB:	Marital status:
Email:	Mobile/Tel:
Occupation:	What do you do repeatedly at work?
Surgery Address:	
Name and phone no. of your emergency contact person:	

Medications:

Supplements:

Main complaint:

When and how did this begin? What makes it worse? What makes it better?

What does this problem affect? (please circle all that apply):

- physical well-being: walking, standing, sitting, lying down, bending, exercise,
- sleep, rest, recreation,
- work, social life, family, sexual life,
- confidence, emotions, mental well-being

Secondary complaints:

Family's medical history (please indicate all conditions that any family member had or have):

- heart disease, heart attack, stroke, arteriosclerosis
- high blood pressure, low blood pressure,
- arthritis, gout, diabetes,
- pneumonia, tuberculosis,
- jaundice, hepatitis, HIV/AIDS, cancer,
- hypo/hyperthyroid,
- epilepsy, seizures, multiple sclerosis,
- mental illness, mental breakdown

Surgeries or invasive procedures (please name):

Female concerns:

- Date of your last menstruation:
- Is your cycle regular? Y / N
- Average length of the cycle:
- Is your period painful? Y / N
- Do you take contraceptives? How many years? Y / N
- Number of pregnancies and children:

SIGNS AND SYMPTOMS - Please check all that apply.**WOOD:**

- Irritability / anger
- Mood swings
- Depression
- Addictions
- Drug addictions
- Indecisive
- Headaches/migraines
- Red eyes
- Dry/itchy eyes
- Spots in front of eyes
- Lump in throat / unable to swallow
- Clenching of teeth at night
- TMJ
- Muscle cramping
- Muscle twitching
- Joints feel tight / stiff
- Often up between 1-3 a.m.
- Cold hands / feet
- Soft / brittle nails
- Hard / yellow toe nails
- Dry heels
- Itchiness in the penile/vaginal region
- Herpes
- Craving/avoiding sour foods
- Paralysis
- Numbness
- Difficulty digesting oily foods
- Gallbladder disease, gallstones
- Elevated liver enzymes
- Fatty liver, liver cirrhosis, hepatitis

FIRE:

- Heart palpitations
- Chest pain or tightness
- Heart attack, heart arrhythmia,
- Congestive heart failure
- Nose bleeds
- Anaemia
- Cold limbs
- Sweat easily
- Dizziness when standing up
- Insomnia (waking up frequently)
- Dreams are bothersome
- Easily startled
- Anxiety
- Restlessness / agitation
- Shortness of breath
- Poor long-term memory
- Lack of joy in life
- Giggling / Laughing for no reason
- Craving / avoiding bitter foods

METAL:

- Dry cough
- Cough with sputum
- Nasal discharge
- Poor sense of smell
- Sinus problems
- Itchy, red or painful throat
- Dry mouth
- Cold / canker sores
- Skin rashes / Hives / Acne
- Hay fever / Allergies
- Oily skin / Itchy skin
- Sadness / Grief / Cry easily
- Shortness of breath
- Low resistance to colds / flu
- Low physical stamina
- Mild fever comes and goes
- Palms of hands/soles of feet feel hot
- Craving / avoiding spicy foods
- Dehydration
- Smoking

EARTH:

- Low appetite
- Snacking
- Bad breath
- Food allergies
- Food addictions
- Weight fluctuates
- Unexplainable weight gain
- Constipation, diarrhea, IBS,
- Intestinal cramping, abdominal pain
- Gas / belching
- Bloating (before /during / after meal)
- Hemorrhoids (internal / external)
- Indigestion / heartburn
- Stomach or duodenal ulcers, gastritis
- Lack of stomach acid
- Frequent use of antibiotics
- Pancreatitis
- Heaviness everywhere
- Edema (swelling)
- Muscles feel tired often
- Easy bruised/bleeding
- Tendency towards hypoglycemia
- Nausea / vomiting
- Fatigue
- Difficult to wake up
- Tendency to overthink / worry

Males ONLY:

- Low sex drive, high sex drive,
- Premature ejaculation
- Nocturnal emissions
- Enlarged prostate
- Impotence, vasectomy
- Itching, testicle pain

WATER:

- Interstitial cystitis
- Kidney stones
- Urinary bladder stones
- Frequent urination
- Dehydration
- Incontinence
- Bed wetting
- Pale / dark yellow / cloudy urine
- Waking up at night to urinate
- Weakness/pain in lower back
- Aching bones
- Feeling cold easily
- Low / excess sexual energy
- Little desire to drink
- Fearful/frightened easily
- Poor short-term memory
- Loss of hair
- Hearing problems
- Ringing in ears (high or low pitch)
- Low grade fever in the afternoon
- Palms / feet sweat easily
- Hot flashes
- Night sweats
- Craving/avoiding salty foods

Females ONLY:**Menstruation:**

- excessive bleeding, dark blood, clots
- irregular periods, absent periods, very light bleeding, spotting between periods

Before periods:

- Abdominal cramps
- Back pain / breast pain
- Irritable
- Vaginal discharge (yellow / white)
- PCOS, endometriosis, hysterectomy
- Infertility, pregnancy termination
- Miscarriage
- C-section, perineal tear or cut
- Breast lump, breast pain

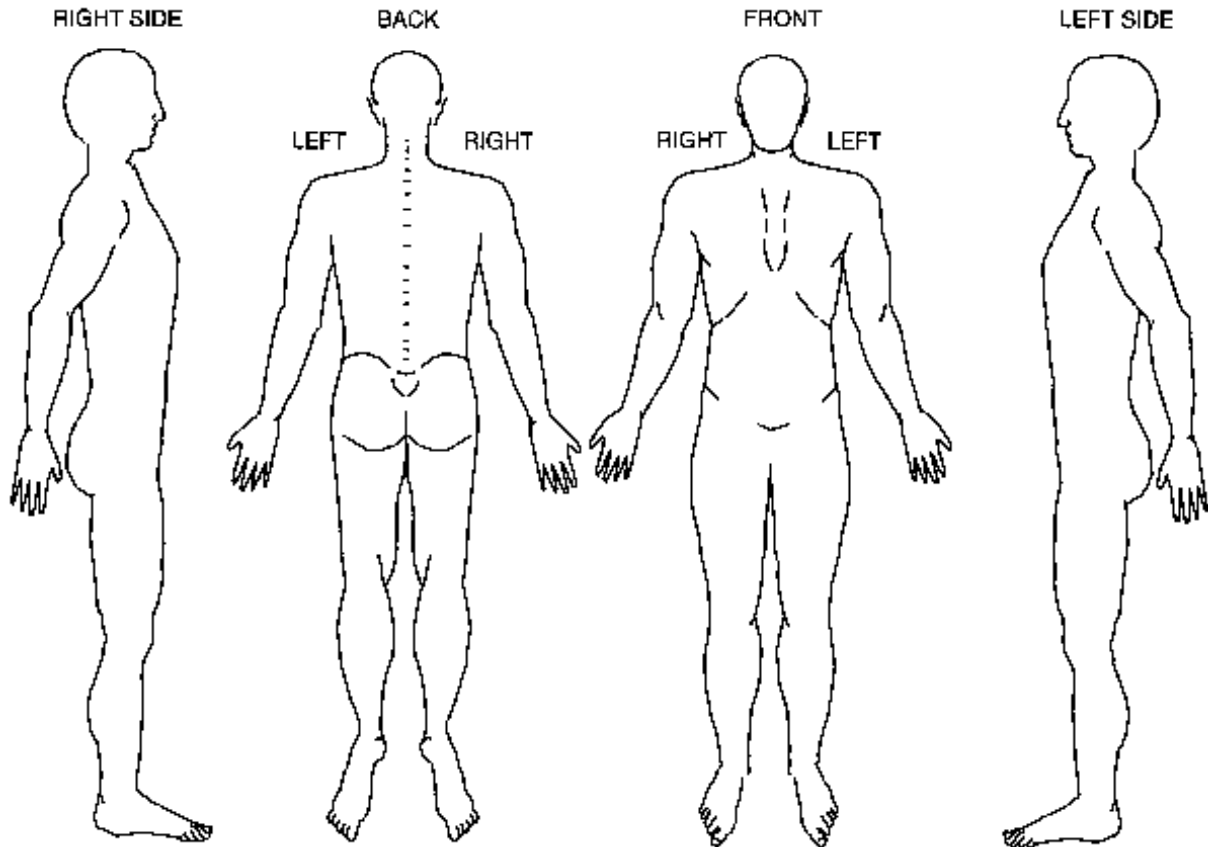
PAIN ASSESSMENT

Date:

Name:

DOB:

Please shade the area(s) on the diagram where you feel pain, and draw lines for scar tissues.



Please indicate the severity of pain, close to the marked areas:

1-2 - light pain, 3-4 - tolerable pain, 5-6 - moderate pain, 7-8 - pain hinders most activities, 9-10 - unbearable

What reduces your pain or makes it LIGHTER (circle all that apply):

- resting, moving around, lying down, sitting, standing
- hot shower, hot bath, heat pad,
- cold weather, hot weather, damp weather,
- massage

What makes your pain WORSE (circle all that apply):

- resting, moving around, lying down, sitting, standing
- driving, moving around,
- hot shower, hot bath, heat pad,
- cold weather, hot weather, damp weather,
- stress