

**YINTANG**  
**347 East Palmetto Park Rd.**  
**Boca Raton, Fl. 33432**  
**Patient Intake Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel# ( Home): \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Referred By: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Chief Complaint: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

Medications/ Drugs/ Herbs ( presently taking) \_\_\_\_\_

Past Medical History (include date) \_\_\_\_\_

Arthritis \_\_\_\_\_ Asthma \_\_\_\_\_ Anemia \_\_\_\_\_ Diabetes \_\_\_\_\_ Ulcers \_\_\_\_\_

Heart Disease \_\_\_\_\_ Hepatitis \_\_\_\_\_ Seizures \_\_\_\_\_ Stroke \_\_\_\_\_

Gallstones \_\_\_\_\_ Cancer \_\_\_\_\_ Jaundice \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Thyroid Disease \_\_\_\_\_ Kidney/ Bladder \_\_\_\_\_ Hypertension \_\_\_\_\_

Significant Trauma \_\_\_\_\_ Falls etc. \_\_\_\_\_

Allergies ( drugs, chemicals, physical, psychological)

None \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

What Causes it? \_\_\_\_\_

Average Daily Diet: \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Habits : Cigarettes \_\_\_\_\_ Coffee \_\_\_\_\_ Tea \_\_\_\_\_ Alcohol \_\_\_\_\_

Drugs \_\_\_\_\_ Sugar \_\_\_\_\_ Salt \_\_\_\_\_ Other: \_\_\_\_\_

**Family History:**

Cancer \_\_\_\_\_ Hypertension \_\_\_\_\_ Stroke \_\_\_\_\_

Seizures \_\_\_\_\_ Asthma \_\_\_\_\_ Alcoholism \_\_\_\_\_ Diabetes \_\_\_\_\_

Other: \_\_\_\_\_

**Energy Level:**

From (1-10) \_\_\_\_\_ High in which part of the day \_\_\_\_\_ Low \_\_\_\_\_

**General Information:**

Appetite: ( poor/heavy/ changes \_\_\_\_\_

Sleep: Poor: \_\_\_\_\_ Heavy \_\_\_\_\_ Difficult \_\_\_\_\_

Trouble Staying asleep \_\_\_\_\_ Insomina \_\_\_\_\_

Fevers \_\_\_\_\_ Fatigue \_\_\_\_\_ Chills \_\_\_\_\_ Peculiar Tastes \_\_\_\_\_

Tremors \_\_\_\_\_ Sudden drop in Energy \_\_\_\_\_

Poor Co-ordination \_\_\_\_\_ Vertigo \_\_\_\_\_

Strong Thirst ( Cold/Hot drinks) \_\_\_\_\_ Cold Hands \_\_\_\_\_

Cold Feet \_\_\_\_\_ Cold Back \_\_\_\_\_ Cold Abdomen \_\_\_\_\_

Localized Weakness \_\_\_\_\_

**SKIN & HAIR:**

Rashes \_\_\_\_\_ Hair Loss?/Thinning \_\_\_\_\_ Boils \_\_\_\_\_ Dry Scalp \_\_\_\_\_

Ulceration \_\_\_\_\_ Skin Puffy/ Wrinkles \_\_\_\_\_ Scars from Accidents \_\_\_\_\_

Hives \_\_\_\_\_ Moist/ Clammy \_\_\_\_\_ Pimples \_\_\_\_\_ Dandruff \_\_\_\_\_

Eczema \_\_\_\_\_ Burning \_\_\_\_\_ Dry Skin \_\_\_\_\_

Changing Moles or Lumps (cysts/tumors) \_\_\_\_\_

Surgeries \_\_\_\_\_ Other \_\_\_\_\_

**Head, Eyes, Ears, Nose & Throat:**

Headache (where?) \_\_\_\_\_ Migraine \_\_\_\_\_ Dizziness \_\_\_\_\_

Memory Loss \_\_\_\_\_ Confusion \_\_\_\_\_ Loss of Balance \_\_\_\_\_

Eye Strain \_\_\_\_\_ Eye Pain \_\_\_\_\_ Poor Vision \_\_\_\_\_ Blurred Vision \_\_\_\_\_

Darkness under eyes \_\_\_\_\_ Night Blindness \_\_\_\_\_ Color Blindness \_\_\_\_\_

Cataract \_\_\_\_\_ Earaches \_\_\_\_\_ Dry Eyes \_\_\_\_\_ Ring/Buzzing in Ears \_\_\_\_\_

Poor Hearing \_\_\_\_\_ Ear Discharges \_\_\_\_\_ Sinus Problem \_\_\_\_\_

Frequent Nose Bleeds \_\_\_\_\_ Nasal Drips \_\_\_\_\_ Sore Throats \_\_\_\_\_

Hoarse Throat \_\_\_\_\_ Difficult Swallowing \_\_\_\_\_ Dry Throat \_\_\_\_\_

Dry Mouth \_\_\_\_\_ Jaw Clicks \_\_\_\_\_ Gum Problems \_\_\_\_\_ Grinding Teeth \_\_\_\_\_

Facial Pain \_\_\_\_\_ Spots in Eyes \_\_\_\_\_ Sores on Lips/tongue \_\_\_\_\_

Swollen Tongue \_\_\_\_\_ Other Head/Neck Pain \_\_\_\_\_

**Cardiovascular:**

High Blood Pressure \_\_\_\_\_ Low Blood Pressure \_\_\_\_\_ Chest Pain \_\_\_\_\_

Irregular Heart Beat \_\_\_\_\_ Dizziness \_\_\_\_\_ Fainting \_\_\_\_\_

Cold Feet/Hands \_\_\_\_\_ Swelling in Hands \_\_\_\_\_ Blood Clots \_\_\_\_\_

Phlebitis \_\_\_\_\_ Difficulty Breathing \_\_\_\_\_ Palpitations \_\_\_\_\_ Other \_\_\_\_\_

**RESPIRATORY:**

Cough \_\_\_\_\_ Wheezing \_\_\_\_\_ Coughing Blood \_\_\_\_\_ Asthma \_\_\_\_\_

Bronchitis \_\_\_\_\_ Pneumonia \_\_\_\_\_ Tight Chest \_\_\_\_\_ Persistent Cough \_\_\_\_\_

Coughing Blood \_\_\_\_\_ Production of Phlegm \_\_\_\_\_ What Color \_\_\_\_\_

Difficult Breathing while lying down \_\_\_\_\_ Shortness of Breath \_\_\_\_\_

Hard To Breathe \_\_\_\_\_ Other \_\_\_\_\_

**Gastrointestinal:**

Nausea \_\_\_\_\_ Vomiting \_\_\_\_\_ Belching \_\_\_\_\_ Bad Breath \_\_\_\_\_  
Stomach Gas \_\_\_\_\_ Heart Burn \_\_\_\_\_ Rectal Pain \_\_\_\_\_  
Lower bowel gas \_\_\_\_\_ Stomach Cramp \_\_\_\_\_ Stomach Pain \_\_\_\_\_  
Mouth Sores \_\_\_\_\_ Weight Gain \_\_\_\_\_ Weight Loss \_\_\_\_\_  
Bitter/Sour Taste \_\_\_\_\_ Diarrhea \_\_\_\_\_ Constipation \_\_\_\_\_  
Stomach Allergy \_\_\_\_\_ Laxative Use \_\_\_\_\_ per week \_\_\_\_\_  
Type of Laxative \_\_\_\_\_ Bowel Movement \_\_\_\_\_ Frequency \_\_\_\_\_  
Color \_\_\_\_\_ Odor \_\_\_\_\_ Texture/Form \_\_\_\_\_ Colon Problems \_\_\_\_\_  
Other: \_\_\_\_\_

**Gentio Urinary:**

Pain/Burning Urination \_\_\_\_\_ Blood in Urine \_\_\_\_\_  
Urgency to Urinate \_\_\_\_\_ Kidney/Bladder Stones \_\_\_\_\_  
Frequent Urination (Night/Day) How Often \_\_\_\_\_  
Venereal Diseases \_\_\_\_\_ Frequent Infections \_\_\_\_\_ Urine Color \_\_\_\_\_  
Strong Smelling \_\_\_\_\_ Water Retention \_\_\_\_\_

**Musculoskeletal: Pain Located In:**

Neck \_\_\_\_\_ Shoulder \_\_\_\_\_ Arms/Hands \_\_\_\_\_ Hips \_\_\_\_\_ Knee \_\_\_\_\_ Fingers \_\_\_\_\_  
Big Toe \_\_\_\_\_ Joints \_\_\_\_\_ Muscular \_\_\_\_\_ Upper Back \_\_\_\_\_ Mid Back \_\_\_\_\_  
Lower Back \_\_\_\_\_ BoneSore/Pain \_\_\_\_\_ Weak Legs \_\_\_\_\_ Weak Ankles \_\_\_\_\_  
Swollen Knees/Elbows \_\_\_\_\_ Leg Cramps at night \_\_\_\_\_ Loss of Grip \_\_\_\_\_  
Overall Stiffness \_\_\_\_\_ Tingling in Hands/Feet \_\_\_\_\_  
Muscle Spasms/Cramps \_\_\_\_\_ Other: \_\_\_\_\_

**Neuropsychological:**

Seizures \_\_\_\_\_ Areas of Numbness/Tingling \_\_\_\_\_ Poor Memory \_\_\_\_\_  
Confusion \_\_\_\_\_ Depression \_\_\_\_\_ Anxiety \_\_\_\_\_  
Bad Temper \_\_\_\_\_ Easily Stressed \_\_\_\_\_ Tremors \_\_\_\_\_ Shingles \_\_\_\_\_  
Neuralgia(nerve pain) \_\_\_\_\_ Poor Co-ordination \_\_\_\_\_  
Muscle weakness \_\_\_\_\_ Feel weak/Shaky \_\_\_\_\_  
Other Neurological/ Psychological Problems \_\_\_\_\_

**Pregnancy& Gynecology:**

Number of Pregnancies \_\_\_\_\_ Number of Births \_\_\_\_\_  
Number of Pre-Mature Births \_\_\_\_\_ Number of Abortions \_\_\_\_\_  
Number of Miscarriages \_\_\_\_\_  
Age at First Menstruation \_\_\_\_\_ Menopause \_\_\_\_\_ Hot Flashes \_\_\_\_\_

**Male Problems:**

Low Sex Drive \_\_\_\_\_ Impotence \_\_\_\_\_

**Nutrition:**

Do you skip breakfast? \_\_\_\_\_  
Your Largest Meal( Breakfast, Lunch, Dinner) \_\_\_\_\_  
Number of Meals per day \_\_\_\_\_