

Carolyn Reuben, L.Ac.  
2230 Loma Vista Drive  
Sacramento, CA 95825  
916-214-0607 reubencarolyn@gmail.com

Please remember this clinic specializes in allergy elimination as well as other medical conditions so on the day you come for treatment avoid wearing any perfume, cologne, aftershave, or other scent, and avoid wearing clothes washed in heavily scented detergent or dried with heavily scented clothes dryer antistatic sheets. Thank you!

TODAY'S DATE: \_\_\_\_\_

#### PATIENT'S INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ In a committed relationship? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation \_\_\_\_\_

Phone # (W) \_\_\_\_\_ (H) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name and phone number of an emergency contact person \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Do I have your permission to thank this person for referring you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how can I contact this person? (email, street address) \_\_\_\_\_

Physician's name and phone # \_\_\_\_\_

#### PAST MEDICAL HISTORY

Please list what are for you the most important medical conditions and hospitalizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### FAMILY HEALTH HISTORY

What illnesses are prominent in your family? \_\_\_\_\_

\_\_\_\_\_

#### CURRENT HEALTH CONDITION

Please check all that apply to you.

asthma

fibromyalgia

lupus

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> allergies                    | <input type="checkbox"/> frequent urination       | <input type="checkbox"/> lyme's disease      |
| <input type="checkbox"/> anxiety                      | <input type="checkbox"/> feeling cold             | <input type="checkbox"/> menstrual disorders |
| <input type="checkbox"/> AIDS/HIV                     | <input type="checkbox"/> feeling hot              | <input type="checkbox"/> neck pain           |
| <input type="checkbox"/> arthritis                    | <input type="checkbox"/> foot pain                | <input type="checkbox"/> numbness & tingling |
| <input type="checkbox"/> back pain                    | <input type="checkbox"/> gas                      | <input type="checkbox"/> night sweats        |
| <input type="checkbox"/> blurred vision               | <input type="checkbox"/> gout                     | <input type="checkbox"/> palpitation (heart) |
| <input type="checkbox"/> breathing difficulties       | <input type="checkbox"/> glaucoma                 | <input type="checkbox"/> poor appetite       |
| <input type="checkbox"/> cancer                       | <input type="checkbox"/> hepatitis                | <input type="checkbox"/> poor coordination   |
| <input type="checkbox"/> carpal tunnel syndrome       | <input type="checkbox"/> hot flashes              | <input type="checkbox"/> persistent cough    |
| <input type="checkbox"/> chest pain (or tightness)    | <input type="checkbox"/> headache                 | <input type="checkbox"/> restlessness        |
| <input type="checkbox"/> chronic fatigue              | <input type="checkbox"/> heart problems           | <input type="checkbox"/> shoulder pain       |
| <input type="checkbox"/> constipation                 | <input type="checkbox"/> hives                    | <input type="checkbox"/> spinal misalignment |
| <input type="checkbox"/> depression                   | <input type="checkbox"/> high blood pressure      | <input type="checkbox"/> spinal fusion       |
| <input type="checkbox"/> diabetes                     | <input type="checkbox"/> irritable bowel syndrome | <input type="checkbox"/> skin problem        |
| <input type="checkbox"/> diarrhea                     | <input type="checkbox"/> immune deficiency        | <input type="checkbox"/> sport injury        |
| <input type="checkbox"/> difficult concentrating      | <input type="checkbox"/> itchiness                | <input type="checkbox"/> sciatica            |
| <input type="checkbox"/> digestion problems           | <input type="checkbox"/> insomnia                 | <input type="checkbox"/> stress              |
| <input type="checkbox"/> dizziness/ light headedness  | <input type="checkbox"/> unfocused thinking       | <input type="checkbox"/> tendonitis          |
| <input type="checkbox"/> other (please specify) _____ |   | <input type="checkbox"/> nasal congestion    |

Please describe in detail your goals in coming to this office. How will we know when I've successfully helped?

---

#### LIFE STYLE AND NUTRITION

Do you often respond more dramatically than other people to herbs, vitamins, or drugs?

Y \_\_\_ N \_\_\_

Do you usually feel hurried during meals? Y \_\_\_ N \_\_\_

Do you frequently snack between meals? Y \_\_\_ N \_\_\_

Do you crave certain taste or foods? Y \_\_\_ N \_\_\_

If yes, what do you crave? \_\_\_\_\_

Are you a vegetarian? Y \_\_\_ N \_\_\_

If yes, do you eat eggs? Y \_\_\_ N \_\_\_

Which of the following do you consume regularly?

Caffeine \_\_\_\_\_ Sugar \_\_\_\_\_ Dairy products \_\_\_\_\_

Fatty food \_\_\_\_\_ Salty food \_\_\_\_\_ Cold raw food \_\_\_\_\_

Do you tend to eat under stress or when you are depressed? \_\_\_\_\_

Do you exercise regularly? Y \_\_\_ N \_\_\_

What do you do to exercise? \_\_\_\_\_

Do you normally get enough sleep at night? Y \_\_\_ N \_\_\_

How many hours do you normally get each night? \_\_\_\_\_

How is the quality of your sleep? \_\_\_\_\_

Do you remember your dreams? Y \_\_\_ N \_\_\_

Do you have a pacemaker? \_\_\_ Y \_\_\_ N

Do you have hepatitis? \_\_\_ Y \_\_\_ N

Do you have anorexia or some other eating disorder? \_\_\_ Y \_\_\_ N

Do you have diabetes? \_\_\_ Y \_\_\_ N

Do you take nutritional supplements? Yes \_\_\_ No \_\_\_

If yes, which ones? \_\_\_\_\_

Please list your pharmaceutical medications:

---

PLEASE MARK ANY OF THE FOLLOWING THAT APPLY TO YOU ON A SCALE FROM 1 TO 10, WITH 1 BEING BARELY A PROBLEM AND 10 BEING SEVERE:

1.

\_\_\_ easily chilled. Often colder than others around you

\_\_\_ decreased memory and concentration

\_\_\_ need to sleep more than others you know

\_\_\_ depression

\_\_\_ dry skin

\_\_\_ easy weight gain

\_\_\_ difficulty losing weight

\_\_\_ hoarseness

\_\_\_ slow movements

\_\_\_ slow speech

\_\_\_ decreased perspiration

\_\_\_ fluid retention

\_\_\_ constipation

\_\_\_ irritable bowel syndrome

\_\_\_ headaches

\_\_\_ hair loss

\_\_\_ irritability

\_\_\_ severe fatigue even if you sleep enough at night

\_\_\_ unhealthy nails

\_\_\_ PMS

\_\_\_ irregular menstrual periods

(The above symptoms may suggest a low level of thyroid hormone)

Remember for all this questionnaire you are placing NUMBERS next to each line that is one of your symptoms not just a check. Don't place anything if it doesn't relate to you. 1 is only occasionally a problem. 10 is a major serious chronic problem.

2.

\_\_\_ jerking legs in bed at night

\_\_\_ fatigue even after a good night's sleep

\_\_\_ unexplained feelings of panic

- low energy
  - muscle cramps in legs, feet, toes, or fingers
  - heart palpitations or “skipped beats”
- (the above symptoms may suggest a need for more of the mineral magnesium)

- 3.
- “floaters” that look like dust particles floating across your eyes
  - bruise easily
  - slight bleeding when you brush your teeth
  - hemorrhoids or varicose veins
- (the above symptoms may suggest a possible need for bioflavonoids, found in fruit and berries and often included in Vitamin C tablets - look for bioflavonoids on the label)

- 4.
- little or no sense of taste
  - little or no sense of smell
  - slow to heal from an injury or surgery
  - acne or other unwanted conditions of the skin
  - little or no appetite
  - on purpose not eating because you feel you are too fat even when others disagree
- (the above symptoms may suggest a possible need for the mineral zinc)

- 5.
- depression, like feeling under a dark cloud
  - depression mostly when the weather is overcast
  - worry, anxiety
  - obsessive thoughts
  - obsessive behavior
  - needing to do things a certain way every time you do them or you just don’t feel right
  - hard to get to sleep
  - hard to stay asleep
  - panic attacks
  - post traumatic stress syndrome
  - suicidal thoughts or plans
  - feel better after exercise
  - doctors have prescribed for you Prozac, Paxil, or another anti-depressant drug
- (the above symptoms may suggest a possible need for the amino acid L-tryptophan or another form of tryptophan called 5-HTP, either of which creates more serotonin in your nervous system)

- 6.
- depression from feeling life is boring, grey, flat, or empty
  - lack of excitement in anything you’re doing
  - fatigue, mental or physical
  - easy to put on weight

slow to get up in the morning  
 start your day with a cup of coffee  
 choose coca cola or pepsi instead of 7up or sprite  
 if you chose an illegal drug it would be methamphetamine, not heroin  
 you were diagnosed with ADD or ADHD and prescribed Ritalin  
(the above symptoms may suggest a need for the amino acid tyrosine or the omega-3 fatty acids found in fish oil or flax seed oil, all of which create more dopamine in your nervous system)

7.

very emotional  
 you feelings are very easily hurt  
 cry easily when watching a movie or even commercials  
 avoid dealing with painful issues  
 very sensitive to physical pain  
 hard to get over losses  
 crave pleasure, comfort, reward  
 would rather feel numb than feel hurt emotionally  
 if you chose an illegal drug it would be heroin, Oxycontin or another pain-reliever  
(the above symptoms may suggest a need for vitamin B complex and the amino acid phenylalanine, which increases the level of endorphins in your nervous system)

8.

feel driven, overworked, with many deadlines and pressures  
 tend to be easily upset or frustrated  
 easily overwhelmed. Can't seem to get it all done  
 smoking, drinking, eating, or certain drugs help you relax  
 stiff, uptight, tense  
 have trouble relaxing and loosening up  
 you are currently detoxing from an opiate drug such as Oxycontin or heroin  
(the above symptoms may suggest a need for the amino acid GABA and the mineral chromium)

9.

sensitive to bright lights or loud noises  
 your childhood was frequently dramatic, traumatic, or uncertain  
 you are the child of an alcoholic parent whose personality shifted after drinking  
(the above suggest a possible need for more cortisol, the biochemical that allows you to handle stress)

10.

you feel especially bad if you skip meals or go for long without eating  
 sometimes feel weak or shaky  
(the above suggest possible low blood sugar)

If you are a woman, are you pregnant? Y\_\_\_ N\_\_\_

If you are a woman, please describe problems with your menstrual cycle: \_\_\_\_\_

If you are a man over 50 years old, do you suffer from frequent urination? \_\_\_\_

11. The following are signs and symptoms of nutritional deficiencies. Please check the signs that relate to you:

Calcium deficiency

- Bone loss
- periodontal disease
- tooth decay
- muscle spasms
- low vitamin D
- low magnesium
- low albumin
- celiac disease

Magnesium deficiency

- muscle spasms
- skin twitching beneath the eye
- constipation
- hypertension
- rapid heart rate
- arrhythmias in heart rate
- depression
- fatigue
- asthma
- muscle weakness
- irritability
- hypersensitive skin
- low calcium
- low potassium
- low vitamin D
- high parathyroid
- high C-reactive protein

Zinc deficiency

- white spots on the fingernails
- chronic infections along the nail bed
- loss of sense of taste
- loss of sense of smell
- frequent colds
- poor wound healing
- infections

- chronic sickness
- impotence
- altered vision
- low thyroid function
- low alkaline phosphatase
- low testosterone

#### Potassium deficiency

- morning urine pH below 6.0
- low magnesium

#### Copper deficiency

- anemia
- elevated cholesterol
- low superoxide dismutase
- osteoporosis

#### Boron

- low estradiol

#### Vitamin A deficiency

- bumpy skin on the back of arms
- dry, flaky skin

#### Vitamin B-2 deficiency

- cracks in the corners of the mouth
- swollen red dots on the surface of the tongue
- celiac disease (serious reaction to proteins in wheat, rye, and barley)
- high homocysteine

#### Vitamin B-6

- premenstrual syndrome
- carpal tunnel syndrome
- cracks in the corners of the mouth
- high homocysteine

#### Vitamin B-12

- depression
- numbness, tingling
- poor muscle coordination
- poor memory
- poor hearing
- weakness
- inflammation of the tongue
- burning sensation in the mouth

high homocysteine

#### Folate

gingivitis

cracks in the corners of the mouth

swollen and red, inflamed, tongue

increased MCV (mean corpuscular volume) in a blood test

high homocysteine

#### Vitamin C

fatigue

bleeding gums

swollen gums

loose teeth

bluish gums

small hemorrhages under the skin (red spots)

#### Vitamin D

osteoporosis

bone pain

shin bones and sternum sore to the touch

muscle weakness

pitted nails

#### Vitamin K

bruising

calcifications seen in the chest or spine in X-rays

#### Essential Fatty Acids

lusterless thin hair

bumpy skin on the back of arms

fatigue

dry mucous membranes

seborrhea in the folds next to the nose

eczema

joint pain

poor memory

poor concentration

depression

high triglycerides

high LDL cholesterol

Would you like assistance in reducing your use of the following?

Tobacco \_\_\_\_\_

Alcohol \_\_\_\_\_

Other recreational drugs \_\_\_\_\_



