YX Medical Group, Inc

I. General Patient Information

Name: _____ (Last) (First) Sex: \square Male / \square Female Date of Birth: / Address: _____ City____ State___ Zip Code: _____ Cell Phone#: () Email Address: SS#: _____ DL#: Occupation: Employer: Is this your first time getting acupuncture? \square Yes $/\square$ No How did you hear about us? ☐ Friend referral ☐ Lighthouse ☐ Weekly LaLaLa ☐ Vivi Navigation ☐ Yelp ☐ Our Website Is this visit due to an auto accident? \square Yes $/\square$ No Do you have health insurance? Yes / No Name of Carrier: _____ Emergency Contact : Relationship: Phone#: () I hereby certify that to the best of my knowledge, all statements contained hereon are true. I understand that I am directly responsible for all charges incurred by medical services for myself and my dependents regardless of insurance coverage. I furthermore agree to pay legal, interests, collection expense and attorney's fee should it become necessary to assign any amount I may own for collections. I hereby authorize YX Medical Group, Inc to release information requested by my insurance company for service rendered. I AUTHORIZE, REQUEST AND ASSIGN MY INSURANCE COMPANY TO PAY DIRECTLY TO YX MEDICAL GROUP INC, INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I have read and understood the "HIPAA Notice of Privacy Practice" and how my medical information may be used and disclosed and how I can get access to this information. I have read and understood the "Patient Policies" and agree with the policies. I hereby authorize the Acupuncturist to treat my condition as she/he deems appropriate. I fully understand that this agreement and consent will continue until cancelled by me in writing. Date: ______ Patient or Guarantor's Signature

Women's Fertility History

Are your periods painful? How many days does the pain last? How heavy is the bleeding? What color is the blood?	Age at which menses began			
How heavy is the bleeding?	Are your periods painful?		☐ Yes	□No
What color is the blood?	How many days does the pain last?			
Is there clotting?	How heavy is the bleeding?	☐ Light	□ Normal	☐ Heavy
Do you have premenstrual tension?	What color is the blood? ☐ Light red ☐ Red ☐ Da	rk red 🗌 Purple	Brown	☐ Black
Does your face break out before or during your period?	Is there clotting?		☐ Yes	□No
Do your breasts become tender premenstrually? Yes No No No you bleed or spot between periods? Yes No No Are your menstrual cycles spaced irregularly? Yes No How many days are there from one period to the next? Date of last menstrual period (mm/dd/yy) How many pregnancies have you had? Which year? How many children do you have? Which year? How many abortions have you had? Which year? How many times has a D&C been performed? Which year? How many times has a D&C been performed? Which year? How any times has a D&C been performed? Which year? How you ever had pelvic inflammatory disease? Yes No No Were you treated for it? Yes No Have you ever been diagnosed with uterine fibroids or polyps? Yes No Have you ever been diagnosed with endometriosis? Yes No Have you been diagnosed with any pelvic abnormalities? Yes No Have you been diagnosed with any pelvic abnormalities? Yes No Have you taken any medications for gynecological conditions other than contraceptives? Yes No How? Yes No How long Have your cycles changed since they began? Yes No How? Yes No How? Yes No How? Yes No How? Yes No Yes No How? Yes No Yes Yes No Yes Yes No Yes No Yes Yes Yes No Yes Yes Yes	Do you have premenstrual tension?		☐ Yes	□No
Do you bleed or spot between periods? Yes No Are your menstrual cycles spaced irregularly? Yes No How many days are there from one period to the next? Date of last menstrual period (mm/dd/yy) How many pregnancies have you had? Which year? How many abortions have you had? Which year? How many abortions have you had? Which year? How many miscarriages have you had? Which year? How many times has a D&C been performed? Which year? Do you have chronic vaginal discharge? Yes No Have you ever had pelvic inflammatory disease? Yes No Have you ever been diagnosed with uterine fibroids or polyps? Yes No Have you ever been diagnosed with endometriosis? Yes No Have you been diagnosed with any pelvic abnormalities? Yes No Have you been diagnosed with any pelvic abnormalities? Yes No Have you taken any medications for gynecological conditions other than contraceptives? Yes No Medication Reason How long Yes No How? On what day of your cycle? Yes No Do your breasts get tender at/during ovulation? Yes No Do your bowel movements become loose at the beginning of your period? Yes No What types of fertility treatments have you had	Does your face break out before or during your period?		☐ Yes	□No
Are your menstrual cycles spaced irregularly?	Do your breasts become tender premenstrually?		☐ Yes	□No
How many days are there from one period to the next? Date of last menstrual period	Do you bleed or spot between periods?		☐ Yes	☐ No
Date of last menstrual period (mm/dd/yy) How many pregnancies have you had? Which year? How many children do you have? Which year? How many abortions have you had? Which year? How many miscarriages have you had? Which year? How many times has a D&C been performed? Which year? Do you have chronic vaginal discharge? Which year? Do you have or had pelvic inflammatory disease? Yes No Were you treated for it? Have you ever been diagnosed with uterine fibroids or polyps? Yes No Have you ever been diagnosed with endometriosis? Yes No Have you been diagnosed with pelvic adhesions? Yes No Have you been diagnosed with any pelvic abnormalities? Yes No Have you taken any medications for gynecological conditions other than contraceptives? Yes No Medication Reason How long Have your cycles changed since they began? Yes No Do your breasts get tender at/during ovulation? Yes No Do you get premenstrual low back pain? Yes No Do your bowel movements become loose at the beginning of your period? Yes No What types of fertility treatments have you had	Are your menstrual cycles spaced irregularly?		☐ Yes	☐ No
How many pregnancies have you had? How many children do you have? How many abortions have you had? How many abortions have you had? How many miscarriages have you had? How many miscarriages have you had? How many times has a D&C been performed? Do you have chronic vaginal discharge? Have you ever had pelvic inflammatory disease? Wres you ever had pelvic inflammatory disease? Were you treated for it? How? Have you ever been diagnosed with uterine fibroids or polyps? Have you ever been diagnosed with endometriosis? Have you been diagnosed with pelvic adhesions? Have you been diagnosed with any pelvic abnormalities? How Have you taken any medications for gynecological conditions other than contraceptives? Medication Reason How long Have your cycles changed since they began? How? On what day of your cycle? No Do your breasts get tender at/during ovulation? Do you get premenstrual low back pain? Yes No Do your bowel movements become loose at the beginning of your period? Yes	How many days are there from one period to the next?			
How many children do you have? Which year? How many abortions have you had? Which year? How many miscarriages have you had? Which year? How many times has a D&C been performed? Which year? Do you have chronic vaginal discharge? Which year? Do you have chronic vaginal discharge? Yes No Have you ever had pelvic inflammatory disease? Yes No Were you treated for it? Yes No How? Have you ever been diagnosed with uterine fibroids or polyps? Yes No Have you ever been diagnosed with endometriosis? Yes No Have you been diagnosed with pelvic adhesions? Yes No Have you been diagnosed with any pelvic abnormalities? Yes No Have you taken any medications for gynecological conditions other than contraceptives? Yes No Medication Reason How long Have your cycles changed since they began? Yes No How? On what day of your cycle? Yes No Do your breasts get tender at/during ovulation? Yes No Do you get premenstrual low back pain? Yes No Do your bowel movements become loose at the beginning of your period? Yes No What types of fertility treatments have you had	Date of last menstrual period			_(mm/dd/yy)
How many abortions have you had? How many miscarriages have you had? How many times has a D&C been performed? Do you have chronic vaginal discharge? Do you have chronic vaginal discharge? Have you ever had pelvic inflammatory disease? How many times has a D&C been performed? Which year? Do you have chronic vaginal discharge? Have you ever had pelvic inflammatory disease? How How? Have you ever been diagnosed with uterine fibroids or polyps? Have you ever been diagnosed with endometriosis? Have you been diagnosed with pelvic adhesions? Have you been diagnosed with any pelvic abnormalities? Have you taken any medications for gynecological conditions other than contraceptives? Medication Reason How long Have your cycles changed since they began? How long Have your cycles changed since they began? How long Have your cycles changed since they began? How long Have your cycles changed since they began? How long How long Yes No No Do your breasts get tender at/during ovulation? Yes No Do your bowel movements become loose at the beginning of your period? Yes No What types of fertility treatments have you had	How many pregnancies have you had?	Which yea	r?	
How many miscarriages have you had? How many times has a D&C been performed? Do you have chronic vaginal discharge? Which year? Do you have chronic vaginal discharge? Which year? Do you have chronic vaginal discharge? Which year? Yes No Have you ever had pelvic inflammatory disease? Whow? Have you treated for it? Whow? Have you ever been diagnosed with uterine fibroids or polyps? Yes No Have you ever been diagnosed with endometriosis? Yes No Have you been diagnosed with pelvic adhesions? Yes No Have you been diagnosed with any pelvic abnormalities? Yes No Have you taken any medications for gynecological conditions other than contraceptives? Wes No Medication Reason How long Have your cycles changed since they began? How long Have your cycles changed since they began? How long Yes No Do your breasts get tender at/during ovulation? Yes No Do you get premenstrual low back pain? Yes No No What types of fertility treatments have you had	How many children do you have?	Which yea	r?	
How many times has a D&C been performed? Do you have chronic vaginal discharge? Have you ever had pelvic inflammatory disease? Which year? Yes	How many abortions have you had?	Which yea	r?	
Do you have chronic vaginal discharge?	How many miscarriages have you had?	Which yea	r?	
Have you ever had pelvic inflammatory disease?	How many times has a D&C been performed?	Which yea	r?	
Were you treated for it? Have you ever been diagnosed with uterine fibroids or polyps? Have you ever been diagnosed with endometriosis? Have you been diagnosed with pelvic adhesions? Have you been diagnosed with any pelvic abnormalities? Have you taken any medications for gynecological conditions other than contraceptives? Medication Reason How long Have your cycles changed since they began? Have your cycles changed since they began? How? On what day of your cycle? On what day of your cycle? Do your breasts get tender at/during ovulation? Do you get premenstrual low back pain? Do your bowel movements become loose at the beginning of your period? Yes No No What types of fertility treatments have you had	Do you have chronic vaginal discharge?		☐ Yes	☐ No
How? Have you ever been diagnosed with uterine fibroids or polyps?	Have you ever had pelvic inflammatory disease?		☐ Yes	□ No
Have you ever been diagnosed with uterine fibroids or polyps?	Were you treated for it?		☐ Yes	□ No
Have you ever been diagnosed with endometriosis?	How?			
Have you been diagnosed with pelvic adhesions?	Have you ever been diagnosed with uterine fibroids or I	polyps?	☐ Yes	☐ No
Have you been diagnosed with any pelvic abnormalities?	Have you ever been diagnosed with endometriosis?		☐ Yes	☐ No
Have you taken any medications for gynecological conditions other than contraceptives?	Have you been diagnosed with pelvic adhesions?		☐ Yes	☐ No
other than contraceptives? Medication Reason How long Have your cycles changed since they began? How? On what day of your cycle? On your breasts get tender at/during ovulation? Do you get premenstrual low back pain? Do your bowel movements become loose at the beginning of your period? What types of fertility treatments have you had ONO ONO ONO ONO ONO ONO ONO O	Have you been diagnosed with any pelvic abnormalities	s?	☐ Yes	☐ No
Medication Reason How long Have your cycles changed since they began? Yes No How?	Have you taken any medications for gynecological cond	ditions		
Have your cycles changed since they began? How? On what day of your cycle? On your breasts get tender at/during ovulation? Do you get premenstrual low back pain? Do your bowel movements become loose at the beginning of your period? What types of fertility treatments have you had	other than contraceptives?		☐ Yes	☐ No
How? On what day of your cycle? On what day of your cycle? Do your breasts get tender at/during ovulation? Do you get premenstrual low back pain? Do your bowel movements become loose at the beginning of your period? What types of fertility treatments have you had What types of fertility treatments have you had What types of fertility treatments have you had	Medication Reason	How	ong	
How? On what day of your cycle? On what day of your cycle? Do your breasts get tender at/during ovulation? Do you get premenstrual low back pain? Do your bowel movements become loose at the beginning of your period? What types of fertility treatments have you had What types of fertility treatments have you had What types of fertility treatments have you had				
How? On what day of your cycle? On what day of your cycle? Do your breasts get tender at/during ovulation? Do you get premenstrual low back pain? Do your bowel movements become loose at the beginning of your period? Yes No What types of fertility treatments have you had	Have your cycles changed since they began?		☐Yes	 □ No
On what day of your cycle? Do your breasts get tender at/during ovulation? Do you get premenstrual low back pain? Do your bowel movements become loose at the beginning of your period? What types of fertility treatments have you had Yes No No No	How?			
Do you get premenstrual low back pain? ☐ Yes ☐ No Do your bowel movements become loose at the beginning of your period? ☐ Yes ☐ No What types of fertility treatments have you had			☐Yes	□No
Do you get premenstrual low back pain? ☐ Yes ☐ No Do your bowel movements become loose at the beginning of your period? ☐ Yes ☐ No What types of fertility treatments have you had	Do your breasts get tender at/during ovulation?		☐Yes	□No
What types of fertility treatments have you had			☐Yes	□No
•	Do your bowel movements become loose at the beginn	ing of your period?	⁹ □ Yes	□No
When and where?By Whom?	What types of fertility treatments have you had			
	When and where?B	y Whom?		

Have you taken medication to help you ovulate? When and how long?	☐Yes	□No
Have your fallopian tubes been evaluated medically?	□Yes	□No
	□ 163	
What were the results?		
Have you had any tubal operations?	∐ Yes	□No
Have you had any hormone laboratory tests performed?	☐ Yes	□No
What were the results?		
How long have you been married or living together?		
Has he had a fertility workup?	☐Yes	□No
What were the results?	☐Yes	□No
Have you taken oral contraceptives?	☐Yes	□No
When and how long?		
How long have you been trying to conceive?	☐Yes	□No
Have you had a diagnosis relating to infertility?	☐Yes	□No
What was it?		
How is your sexual energy? ☐ Low	□ Normal	High
Do you use vaginal lubricants?	☐Yes	□No
Have you experienced excessive loss of head hair?	☐Yes	□No
Have you noticed discharge from your nipples?	☐Yes	□No
Have you been exposed to any known environmental toxins or hormones? ☐ Yes		□No
Do you have lower back weakness, soreness, or pain, or knee problems?	_	□No
Do you have ringing in your ears or dizziness?	☐Yes	□No
Is your hair prematurely gray?	☐Yes	□No
Do you have vaginal dryness?	☐Yes	□No
Are you prone to hot flashes?	Yes	□No
Do you have lower back pain premenstrually?	☐Yes	□No
Is your low back sore or weak?	☐Yes	\square No
Are your feet cold, especially at night?	☐Yes	\square No
Are you typically colder than those around you?	☐ Yes	☐ No
Do you urinate frequently, and is the urine diluted and/or profuse?	☐ Yes	\square No
Do you have early morning loose, urgent stools?	☐ Yes	\square No
Do you have profuse vaginal discharge?	☐ Yes	\square No
Does jour menstrual blood lend to be dull in color?	☐ Yes	□ No
Are you often fatigued?	☐ Yes	\square No
Do you have poor appetite?	☐ Yes	□ No
Is your energy lower after a meal?	☐ Yes	☐ No
Are your hands and feet cold?	☐ Yes	□No
Have you been diagnosed with low blood pressure?	☐ Yes	□No
Do you ever spot a few days or more before your period comes?	☐ Yes	□No
Have you ever been diagnosed with uterine prolapse?	☐ Yes	□No
Have you been diagnosed with hypothyroid or anemia?	☐ Yes	□No
Are your menses scanty and/or late?	l IVac	