

Clearriverblu Herbs and Acupuncture
Address: 332 Washington Street, STE280
Wellesley, MA 02481
Phone: 508-330-0040
Website: www.joybaitcm.com, www.CCHMAA.com
Email: joybai@joybaitcm.com

Forms for Home Consultation

Name:

Major Complain:

Pain:

Do you have pain?

Back:

Legs:

Hands:

Other areas of the body?

Appetite

Do you feel hungry at Breakfast? Lunchtime? Dinner?

How Is your ability to taste food?

Do you consume a small, moderate, or large amount of food at mealtime? Explain.

Additional comments?

Bowel Movement

Do you have BM at least once a day? Explain

Is the texture of your stools firm and long? Explain

What is the color of your stools?

Do you have the feeling of having adequately emptied your bowels?

Additional comments

Urination

Do you urinate at least 5 to 7 times a day? Explain

What is the color of your urine?

Do you have (circle one) small moderate large amount of urine

Do you have adequate force when urinating

Other comments:

Thirst:

Do you feel abnormally thirsty at times?

When you drink, do you like cold or warm or room temperature drinks?

Sweat: do you sweat abnormally:

- *Do not sweat with physical activity?*
- *Sweat when not performing physical activities?*

Additional comments:

Color of tongue coating when getting In the morning?

Do you know your heart rate?

Sleep pattern:

Are you able to sleep the entire night without waking up?

When do you when wake up?

Do you feel adequately rested upon rising ?

Other comments

The Face and Four Limbs

Does your face feel cool and comfortable?

Does the back of your hands and feet feel cool?

Does the palms of your hands and soles of your feet feel warm?

Additional comments:

Male:

Any male concerns?

Female:

Menstrual situation?