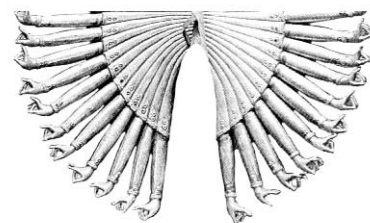

CHINESE MEDICAL DIAGNOSIS QUESTIONNAIRE

To determine where the majority of your symptoms are rooted, please answer the following questions and return to me.

Fax: 315-295-2208 (Or deliver in person.)

Email: waters@lifesourceacupuncture.com



LIFE SOURCE
ACUPUNCTURE

Name: _____

Date: _____

Email Address: _____

Phone Numbers: _____

Jennifer Waters, L.Ac.

1106 E. Genesee Street
Syracuse, NY 13210

315-423-8614

KIDNEY DEFICIENCY

The most common cause of functional infertility is kidney deficiency, which often coexists with other patterns. Women with weak kidney energy will often present some or all of the following:

- Poor stamina, low reserves of energy
- Low back weakness or pain
- Difficulty with urination (frequency or incontinence)
- Shadows under the eyes

There are 3 categories of Kidney Deficiency: YIN, YANG and JING

KIDNEY YIN DEFICIENCY

Do you have lower back soreness or knee problems?

Yes 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

Is your mid-cycle cervical mucous scanty?

Yes No

Do you urinate frequently?

Yes No

Do you have night sweats?

Yes No

Are you prone to hot flashes?

Yes No

Do you feel the emotion of fear a lot?

Yes No

Do you feel restless or anxious?

Yes No

Do you have difficulty getting quality sleep?

Yes No

Do you have hot or heat flushes regularly?

Yes No

Do you feel thirst regularly?

Yes No

KIDNEY YANG DEFICIENCY



Kidney Yang Deficiency may reflect a constitutional tendency or may occur:

- After an injury to the body by cold (wind, water, etc.)
- If the body is over strained or
- Out of long-term yin deficiency

Do you retain water easily?

Yes No

Are you overweight?

Yes No

Do you easily feel tired all the time?

Yes No

Is your sex drive low?

Yes No

Do you have low back pain worse in the cold?

Yes No

Do you have diarrhea at the onset of your period?

Yes No

Do you have painful periods?

Yes No

Are your feet cold, esp. at night?

Yes No

Do you feel cold most of the time?

Yes No

Do you have early morning loose stools?

Yes No

Do you have profuse vaginal discharge?

Yes No

Is your menstrual blood dull in color?

Yes No

Do you have cramps during your period that are relieved with a heating pad?

Yes No

KIDNEY JING DEFICIENCY

In addition to any of the above symptoms, Kidney Jing Deficiency will be the diagnosis if there are any of following:

Do you have any obvious developmental disorders in the reproductive organs? Yes No

Do you have little development of secondary sexual signs such as breast development? Yes No

Do you have under-functioning ovaries, even if the ovaries appear normal? Yes No

Do you know if your ovaries are unable or respond poorly to fertility drugs? Yes No

Is your fertile mucous rarely seen? Yes No

HEART QI STAGNATION

Do you have a history of irregular ovulation or have you stopped ovulating altogether? Yes No

Do your blood tests show that your pituitary is under or over producing FSH or LH? Yes No

Do you feel you have emotional blockages in your heart? Yes No

Have you had a recent shock or emotional upset? Yes No

Have you had long-term emotional issues? Yes No

Do you feel anxious or agitated? Yes No

Do you have heart palpitations? Yes No

Do you have insomnia or wake up in the night? Yes No

Are your estrogen levels low? Yes No

LIVER QI STAGNATION

Are you prone to emotional depression?
 Yes No

Are you prone to anger and/or rage?
 Yes No

Do you have premenstrual irritability?
 Yes No

Do you feel irritable around ovulation?
 Yes No

Does it feel like your ovulation lasts long?
 Yes No

Are your breasts sensitive at ovulation?
 Yes No

Do you have discharge from your nipples?
 Yes No

Do you have premenstrual breast pain?
 Yes No

Do you have elevated prolactin levels?
 Yes No

Are you bloated premenstrually?
 Yes No

Is it hard to fall asleep at night?
 Yes No

Do you have heartburn or wake up with
a bitter taste in your mouth?
 Yes No

Is your period painful?
 Yes No

Is your menstrual blood thick and purplish?
 Yes No

Do you have a lot of stress in your life?
 Yes No



SPLEEN DEFICIENCY

Are you often fatigued?
 Yes No

Do you have a poor appetite?
 Yes No

Is your energy lower after a meal?
 Yes No

Do you feel bloated after eating?
 Yes No

Do you crave sweets?
 Yes No

Do you have loose stools?
 Yes No

Are your hands and feet cold?
 Yes No

Is your nose cold?
 Yes No

Do you often feel heavy or sluggish?
 Yes No

Do you bruise easily?
 Yes No

Do you have poor circulation?
 Yes No

Do you have varicose veins?
 Yes No

Are your limbs weak?
 Yes No

Do you need more exercise?
 Yes No

Do you worry a lot or over-think?
 Yes No

Do you have low blood pressure?
 Yes No

Do you sweat easily?
 Yes No

Are you often dizzy or lightheaded?
 Yes No

Is your menstrual blood thin or watery?
 Yes No

Are you more tired around ovulation or menses?
 Yes No

Do you ever spot before your period comes?
 Yes No

Have you ever had uterine prolapse?
 Yes No

Are you often sick or have allergies?
 Yes No

Do you have hypothyroid or anemia?
 Yes No

Do you have hemorrhoids or polyps?
 Yes No

Do you have a pale or yellowish complexion?
 Yes No

BLOOD DEFICIENCY

Do you feel vigorous and well-nourished?
 Yes No

Do you tend to feel ungrounded?
 Yes No

Do you tend to daydream a lot?
 Yes No

Are you easily distracted?
 Yes No

Are your menses scanty and/or late?
 Yes No

Do you have dry, flaky, skin?
 Yes No

Are you prone to chapped lips?
 Yes No

Are your fingernails or toenails brittle?
 Yes No

Are you losing hair on your head?
 Yes No

Is your hair brittle or dry?
 Yes No

Do you have diminished nighttime vision?
 Yes No

Do you get dizzy around your period?
 Yes No

BLOOD STASIS

Have you had any abdominal surgery?
 Yes No

Have you had any other surgery?
 Yes No

Have you had any trauma to the body?
 Yes No

Do you have clots in your menstrual blood?
 Yes No

Is your menstrual flow unsmooth?
 Yes No

Do you have endometriosis?
 Yes No

Do you have uterine fibroids or polyps?
 Yes No

Do you have fallopian tube blockages?
 Yes No

Do you have ovarian cysts or tumors?
 Yes No



EXCESS HEAT

Do you have a rapid pulse?
 Yes No

Is your mouth usually dry?
 Yes No

Are you thirsty a lot?
 Yes No

Do you crave icy, cold drinks?
 Yes No

Do you wake up sweating?
 Yes No

Do you have acne, especially before your period?
 Yes No

Do you have a short menstrual cycle?
 Yes No

Do you have vaginal irritation or rashes?
 Yes No

DAMPNESS

Do you feel tired and sluggish after eating?
 Yes No

Do you have fibrocystic breasts?
 Yes No

Do you have cystic or pustular acne?
 Yes No

Do you have urgent or foul smelling stools?
 Yes No

Does your menstrual blood contain mucus?
 Yes No

Are you prone to yeast infections or vaginal itching?
 Yes No

Do your joints ache, especially with movement?
 Yes No

Are you overweight?
 Yes No