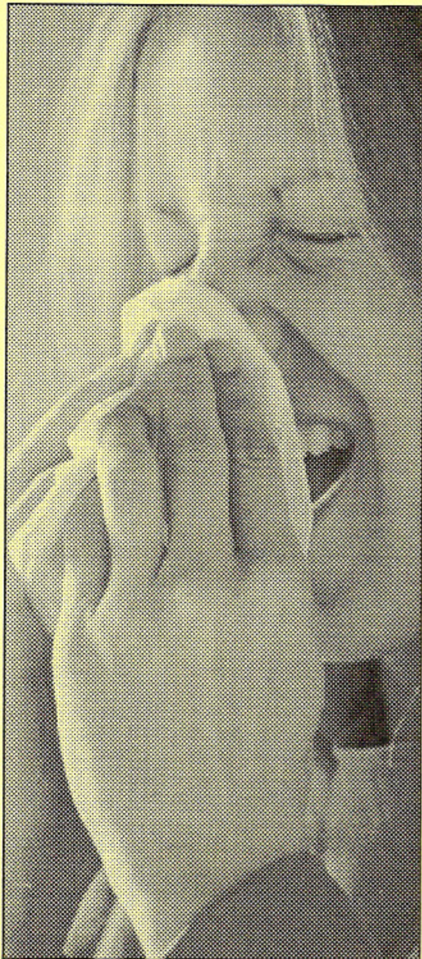

ALLERGY, ASTHMA, SINUS & STRESS SURVEY

Name ______________________ Age ______

Address ______________________

City ______________________ State/Prov. ______ Zip/Postal ______

Phone (Home) ______________________ (Work) ______________________

E-mail address ______________________

Occupation ______________________ # Hours per week currently working ______

Spouse Occupation ______________________ # Hours per week currently working ______

CHECK OFF ANY OF THE FOLLOWING SYMPTOMS YOU HAVE EXPERIENCED IN THE PAST 6 MONTHS:

- ☐ Sinus Congestion
- ☐ Shortness of Breath
- ☐ Wheezing
- ☐ Rapid Breathing
- ☐ Tightness in the Chest
- ☐ Itchy Chest or Throat
- ☐ Hives
- ☐ Chest Congestion
- ☐ Hay Fever
- ☐ Sore Throat
- ☐ Dizziness
- ☐ Coughing
- ☐ Eczema
- ☐ Difficulty Sleeping
- ☐ Headaches
- ☐ Anxiety
- ☐ Heart Palpitations
- ☐ Nervousness
- ☐ Mood Swings
- ☐ Frequent Hunger
- ☐ Fatigue
- ☐ Neck, Shoulder, or Low Back Discomfort
- ☐ Numbness in Extremities
- ☐ Other ______________________

Which of the above bothers you the most? ______________________

How long have you been bothered by the condition? ______________________

Describe how it feels or affects you when it is at its worst. ______________________

DOES THIS CAUSE YOU TO BE:

- ☐ Moody
- ☐ Irritable
- ☐ Interrupt Sleep
- ☐ Restricted on Daily Activities

DOES THIS AFFECT YOUR WORK:

- ☐ Decision Making
- ☐ Poor Attitude
- ☐ Decreased Productivity
- ☐ Exhausted at End of Day
- ☐ Unable to Work Long Hours

DOES THIS AFFECT YOUR LIFE:

- ☐ Lose Patience with Spouse or Children
- ☐ Restricted Household Duties
- ☐ Hinders Ability to Exercise or Participate in Sports
- ☐ Interferes with Ability to Participate in Hobbies or Other Desired Activities

THE REDWOOD CLINIC
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BERKELEY, CA 94705
510-849-1176
FAX: 510-849-1230

If you checked any of the above items, your organs are probably not functioning as well as they could, and your energy is probably not flowing as smoothly as it could be.

ACUPUNCTURE AND CHINESE HERBAL MEDICINE CAN HELP YOU because they gently and naturally treat the body to remove the stress and imbalance that CAUSE health problems.

WOULD YOU LIKE TO GET RID OF THE PROBLEM? ☐ YES ☐ NO

If your answer is Yes, there are several alternatives available to you. Please check the most appropriate for you:

- ☐ I would like to come to the Acupuncturist's office for an initial evaluation and consultation. There is NO CHARGE for this visit. This will allow me to find out if I can be helped by Acupuncture and Chinese Herbal Medicine without any financial barriers.
- ☐ I would like to come for further wellness classes.

www.TheRedwoodClinic.com

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