

# STRESS & ARTHRITIS



THE REDWOOD CLINIC  
3021 TELEGRAPH AVE. STE. C  
BERKELEY, CA 94705  
510-849-1176

## SURVEY

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Cellular Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal \_\_\_\_\_  
 Occupation \_\_\_\_\_ # Hours per week currently working \_\_\_\_\_  
 Spouse Occupation \_\_\_\_\_ # Hours per week currently working \_\_\_\_\_

### 1 Check off any of the following symptoms you have experienced in the past 6 months:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Pain/Restricted Motion/<br>Numbness | <input type="checkbox"/> Swelling in Joints      | <input type="checkbox"/> Digestive Trouble        | <input type="checkbox"/> Asthma             |
| <input type="checkbox"/> Neck                                | <input type="checkbox"/> Knee Pain               | <input type="checkbox"/> Constipation             | <input type="checkbox"/> Menstrual Problems |
| <input type="checkbox"/> Legs                                | <input type="checkbox"/> Wrist/Hand Pain         | <input type="checkbox"/> Diarrhea                 | <input type="checkbox"/> Ringing in Ears    |
| <input type="checkbox"/> Shoulders                           | <input type="checkbox"/> Headaches/Migraines     | <input type="checkbox"/> Gas                      | <input type="checkbox"/> Nervousness        |
| <input type="checkbox"/> Arms                                | <input type="checkbox"/> Irritability            | <input type="checkbox"/> Bloating                 | <input type="checkbox"/> Dizziness          |
| <input type="checkbox"/> Low Back                            | <input type="checkbox"/> Insomnia/Sleep Problems | <input type="checkbox"/> Sinus Problems/Allergies | <input type="checkbox"/> Weight Trouble     |
| <input type="checkbox"/> Hands                               |  |   |   |
| <input type="checkbox"/> Fatigue                             |  |   |   |

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. \_\_\_\_\_

### 2 Does this cause you to be:      3 Does this affect your work:      4 Does this affect your life:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Moody                          | <input type="checkbox"/> Decision Making           | <input type="checkbox"/> Lose Patience with Spouse or Children   |
| <input type="checkbox"/> Irritable                      | <input type="checkbox"/> Poor Attitude             | <input type="checkbox"/> Restricted Household Duties   |
| <input type="checkbox"/> Interrupt Sleep                | <input type="checkbox"/> Decreased Productivity    | <input type="checkbox"/> Hinders Ability to Exercise or Participate in Sports                          |
| <input type="checkbox"/> Restricted on Daily Activities | <input type="checkbox"/> Exhausted at End of Day   | <input type="checkbox"/> Interferes with Ability to Participate in Hobbies or Other Desired Activities |
|   | <input type="checkbox"/> Unable to Work Long Hours |  |

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*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.

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Email \_\_\_\_\_

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ITEM # 202-A

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www.TheRedwoodClinic.com