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PLEASE CHECK OFF THE FOLLOWING THAT APPLY TO YOU:

Digestive Track

- nausea & vomiting
- diarrhea
- constipation
- bloated feeling
- stomach pains or cramps
- heart burn
- blood and/or mucous in stools

Ears

- itchy ears
- ear aches/ear infections
- drainage from ear
- ringing in ears
- hearing loss
- reddening of ears

Emotions

- mood swings
- anxiety/fear/nervousness
- anger/irritability/aggressiveness
- argumentative
- frustrated/cries easily
- Depression **S**

Eyes

- watery or itchy eyes
- red/swollen/itchy eyelids
- bags or dark circles under eyes
- blurred or tunnel vision

Head

- headaches
- faintness
- dizziness
- insomnia/sleep disorder
- facial flushing
- Irregular/Skipped Heartbeat **S**
- Rapid/Pounding Heartbeat **S**
- Chest Pain **S**

Joints & Muscles

- pains/aches in joints
- arthritis/osteoarthritis
- stiffness/limited movement
- pain/aches in muscles
- feeling weak/tired
- swollen/tender joints
- growing pains in legs
- Psoriatic/Gouty Arthritis **S**
- Rheumatoid Arthritis **S**

Lungs

- chest congestion
- bronchitis
- shortness of breath
- difficulty breathing
- persistent cough
- wheezing

Mind

- poor memory
- difficulty completing projects
- difficulty with mathematics
- underachiever
- poor/short attention span
- confusion
- easily distracted
- difficulty making decisions
- mild learning Disabilities

Mouth & Throat Thrush

- chronic coughing
- gagging/clearing throat often
- sore throat/hoarse voice/voice loss
- swollen/discolored tongue/lips
- canker sores
- itching on roof of mouth

Nose

- stuffy nose
- chronically red/inflamed nose
- sinus problems
- hay fever
- sneezing attacks
- excessive mucous formation

Skin

- acne
- itching
- hives/rash/dry skin
- hair loss
- flushing/hot flashes

Weight

- binge eating/drinking
- craving certain foods
- excessive weight
- compulsive eating
- water retention

General

- frequent illness
- frequent/urgent urination
- genital itch/discharge
- anal itching

Genitourinary

- kidney problems
- urinary tract
- bladder
- yeast infections

Other Conditions

- Autism **S**
- A.D.H.D. **S**
- A.D.D. **S**
- Psoriasis **S**
- Eczema **S**
- Auto Immune Disorder **S**
- Chronic Fatigue **S**
- Multiple Chemical Sensitivities **S**
- Asthma **S**
- Congestive Heart Failure **S**
- Severe Diabetic **S**
- Severe Depression **S**
- Obsessive Compulsive Disorder

Date _____

Patient Name _____