Anita Daniels-Galletti, Lic. Ac.
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Plymouth MA 02360
617-688-2728

Patient Information

Name:_____**Sex: M___F___**

Home Address:_____

Home Phone ( )_____ **Cell Phone: ( )**_____

Email:_____

Birthday:___/___/___ **Age:**_____

Occupation:_____

Name of your primary MD_____

Phone Number ( )_____

Referred by:_____

Is it ok to contact you to follow up on your treatment?_____

Signature:_____ **Date:**___/_____/____

What is your chief complaint?_____
_____

How long have you had this condition?
_____
What has been diagnosed by an MD?_____
_____
Are you taking any medication or supplements?
_____
_____
Please describe what you generally eat for meals and snacks, including beverages.

Do you smoke? yes no

Have you had any surgeries or accidents? Please list approx dates and length of illness /injury._____
_____
_____

Circle any problem you have now
Underline any problem you have had in the past

Allergies, food
or airborn
eczema
skin rash
cold hands/feet
unusual
sweating
never sweat
fast pulse
slow pulse
chest pain or
pressure
shortness of
breath
palpitations
high blood
pressure
low blood
pressure
dizziness
migraine
vericose veins
swollen feet or
ankles
depression
anxiety
trouble
sleeping
faulty memory
constipation
diarrhea
no appetite
stomach pain
indigestion
heartburn
gas
belching
ulcer
vomiting

abdominal pain
hernia
hemorrhoids
ileocecal valve
muscle aches
muscle weakness
numbness
lower back pain
coccyx injury
bothered by:
hot weather
cold weather
bruise easily
increased thirst
increased urine
difficult urination
asthma
bronchitis
wheezing
cough
sinus problems
allergies
auotimmune
hypothyroid
hyperthyroid
arthritis
joint pain
gout
diabetes
low blood sugar
constant low fever
itchy skin
insomnia
hair/nail problems
TMJ
oral disease
gum disease
anemia
light headed
cysts

tumors
hepatitis
CFS
fybromyalgia
eye trouble
ear trouble
tinnitus
MEN:
prostate trouble
impotence
premature
ejaculation
WOMEN:
heavy menses
scanty menses
irregular menses
painful menses
PMS
cramping
vaginal discharge
menopausal
symptoms
# of pregnancies
_____
Other symptoms, diseases, scars
_____
_____
_____