



## AMY MAGER, MS, Lic. Ac.

27 Brewster Ct. Northampton, MA 01060 / Visit us at [wellnesshousenorthampton.com](http://wellnesshousenorthampton.com)

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Gender Pronoun: \_\_\_\_\_  
Birth Date \_\_\_\_\_ Preferred phone # \_\_\_\_\_ Email (office use only) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Who else lives in your home? Please include age & relationship to them: \_\_\_\_\_  
\_\_\_\_\_

Please tell me why you're here: \_\_\_\_\_  
\_\_\_\_\_

What have you already done to address this situation? \_\_\_\_\_  
\_\_\_\_\_

Do you have a major adult love relationship? \_\_\_\_\_  
Do you feel you have a strong immune system? \_\_\_\_\_

Are you thirsty? \_\_\_\_\_ What do you drink? \_\_\_\_\_

Do you tend to be hot or cold? \_\_\_\_\_ Do you sweat at night? \_\_\_\_\_

Do you get headaches? \_\_\_\_\_ Experience dizziness? \_\_\_\_\_ Disturbances in vision? \_\_\_\_\_

Do you cough up sputum? \_\_\_\_\_ What color and texture? \_\_\_\_\_

Number of bowel movements / day: \_\_\_\_\_ Are they formed? \_\_\_\_\_

Do you urinate during the day? \_\_\_\_\_ At night? \_\_\_\_\_ Frequency at night? \_\_\_\_\_

Do you breath with difficulty upon slight exercise? \_\_\_\_\_ Do you exercise? \_\_\_\_\_

Describe (activity/frequency): \_\_\_\_\_  
\_\_\_\_\_

Do you sleep well and easily? \_\_\_\_\_ # Hours: \_\_\_\_\_ Bedtime at: \_\_\_\_\_

Please list all medical drugs you are presently taking: \_\_\_\_\_  
\_\_\_\_\_

Also list all herbs / remedies / supplements you are presently taking: \_\_\_\_\_  
\_\_\_\_\_

Do you have a history of many drugs taken during childhood? \_\_\_\_\_  
\_\_\_\_\_

