

Patient Information and History

Your statements are confidential. This form will not be released to a third party without your consent.
Two Turtles Wellness Center – 810 4th Ave S # 100 – Moorhead, MN 56560 – (218) 287-4501

Name: _____ Date: _____
Address: _____ Referred by: _____
City, State & Zip _____ Email: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Date of birth: _____ Occupation: _____ Employer: _____

What is your principle complaint? _____
How long have you had this condition? _____ Is it work-related? Y N Auto accident related? Y N
What activities aggravate your condition? _____
Have you had this or a similar in the past? Y N How long has it been since you really felt good? _____

We strive for an integrative approach in every case so please tell us who else is on your health team
MD: _____ Clinic: _____ Are you happy with their care? Y N
MD: _____ Clinic: _____ Are you happy with their care? Y N
Chiropractor: _____ Are you happy with their care? Y N
Massage: _____ Are you happy with their care? Y N
Other: _____ Are you happy with their care? Y N

Childhood Illnesses: Any surgeries or accidents?
Age: _____
Adolescent Illnesses: Any surgeries or accidents?
Age: _____
Adulthood: Any surgeries or accidents?
Age: _____

Please note all major illnesses in your immediate family, like diabetes, heart disease, blood pressure, neurological disorders, psychological disorders, blood disorders, orthopedic disorders, etc

Please note all medications, herbs, or supplements you are currently taking (use back of sheet if necessary).

Two Turtles Wellness Center Financial Policies

Two Turtles Wellness Center has a variety of payment methods for your convenience. Payment may be in the form of cash, check, Visa, MasterCard, or Discover.

We offer a variety of services to meet our clients' needs. Please initial next to the service that applies to your visit:

_____ Acupuncture; \$75 for your initial visit and \$50 for the following visits

_____ Facial Renewal; \$150 for your initial visit and \$105 for following visits

_____ Pediatric Acupuncture; \$50 for your initial and \$25 for following visits

_____ Weight Loss Purification; please see receptionist for more details

We also offer treatment packages to assist in your commitment to your health as well as lowering the cost of treatments.

We request payment for your treatment at the time of service.

If your treatment is covered by your health insurance, you may request a receipt to bill your insurance company by attaching the receipt to your claim form and mailing both to your insurance company. All information needed by insurance companies for reimbursement will be included on the receipt.

If you should need to cancel or reschedule an appointment, we ask that you do so at least 24 hours before your appointment time. **Please note that all missed appointments and all appointments cancelled without 24 hour notice are subject to a \$50 missed appointment fee.**

If you choose to purchase a package and decide later not to redeem the package and cancel future services, the package discounts will be voided. Your refund will reflect our regular prices (as mentioned above) for each service rendered. Your package will remain on account for **6 months**. If you have not redeemed your full package, a gift certificate will be issued for the balance remaining minus the package discounts.

I have read, understand, and agree to the above information:

Printed Name

Signature

Date

SYMPTOM SURVEY FORM



Patient _____ Doctor _____ Date _____
Birth Date ____ / ____ / ____ Approx Weight _____ Sex: Male Female
Pulse: Recumbent _____ Standing _____ Vegetarian: Yes No
Blood pressure: Recumbent ____ / ____ Standing ____ / ____ Ragland's Test is Positive

INSTRUCTIONS: Fill in only the circles which apply to you.

- ○ ○ MILD symptoms (occurred once or twice last 6 months).
- ● ○ MODERATE symptoms (occurred once or twice last month).
- ○ ● SEVERE symptoms (chronic, occurred once or twice last week).
- ○ ○ Leave circles **BLANK** if they don't apply to you!

1 2 3 GROUP 1

- 1 ○ ○ ○ Acid foods upset
- 2 ○ ○ ○ Get chilled often
- 3 ○ ○ ○ "Lump" in throat
- 4 ○ ○ ○ Dry mouth-eyes-nose
- 5 ○ ○ ○ Pulse speeds after meal
- 6 ○ ○ ○ Keyed up - fail to calm
- 7 ○ ○ ○ Cut heals slowly
- 8 ○ ○ ○ Gag easily
- 9 ○ ○ ○ Unable to relax; startles easily
- 10 ○ ○ ○ Extremities cold, clammy
- 11 ○ ○ ○ Strong light irritates
- 12 ○ ○ ○ Urine amount reduced
- 13 ○ ○ ○ Heart pounds after retiring
- 14 ○ ○ ○ "Nervous" stomach
- 15 ○ ○ ○ Appetite reduced
- 16 ○ ○ ○ Cold sweats often
- 17 ○ ○ ○ Fever easily raised
- 18 ○ ○ ○ Neuralgia-like pains
- 19 ○ ○ ○ Staring, blinks little
- 20 ○ ○ ○ Sour stomach often

GROUP 2

- 21 ○ ○ ○ Joint stiffness on arising
- 22 ○ ○ ○ Muscle-leg-toe cramps at night
- 23 ○ ○ ○ "Butterfly" stomach, cramps
- 24 ○ ○ ○ Eyes or nose watery
- 25 ○ ○ ○ Eyes blink often
- 26 ○ ○ ○ Eyelids swollen, puffy
- 27 ○ ○ ○ Indigestion soon after meals
- 28 ○ ○ ○ Always seems hungry; feels "lightheaded" often
- 29 ○ ○ ○ Digestion rapid
- 30 ○ ○ ○ Vomiting frequent
- 31 ○ ○ ○ Hoarseness frequent
- 32 ○ ○ ○ Breathing irregular
- 33 ○ ○ ○ Pulse slow; feels "irregular"
- 34 ○ ○ ○ Gagging reflex slow
- 35 ○ ○ ○ Difficulty swallowing
- 36 ○ ○ ○ Constipation, diarrhea alternating
- 37 ○ ○ ○ "Slow starter"
- 38 ○ ○ ○ Get "chilled" infrequently
- 39 ○ ○ ○ Perspire easily
- 40 ○ ○ ○ Circulation poor, sensitive to cold
- 41 ○ ○ ○ Subject to colds, asthma, bronchitis

GROUP 3

- 42 ○ ○ ○ Eat when nervous
- 43 ○ ○ ○ Excessive appetite
- 44 ○ ○ ○ Hungry between meals
- 45 ○ ○ ○ Irritable before meals
- 46 ○ ○ ○ Get "shaky" if hungry
- 47 ○ ○ ○ Fatigue, eating relieves
- 48 ○ ○ ○ "Lightheaded" if meals delayed
- 49 ○ ○ ○ Heart palpitates if meals missed or delayed
- 50 ○ ○ ○ Afternoon headaches
- 51 ○ ○ ○ Overeating sweets upsets

1 2 3

- 52 ○ ○ ○ Awaken after few hours sleep - hard to get back to sleep
- 53 ○ ○ ○ Crave candy or coffee in afternoons
- 54 ○ ○ ○ Moods of depression - "blues" or melancholy
- 55 ○ ○ ○ Abnormal craving for sweets or snacks

GROUP 4

- 56 ○ ○ ○ Hands and feet go to sleep easily, numbness
- 57 ○ ○ ○ Sigh frequently, "air hunger"
- 58 ○ ○ ○ Aware of "breathing heavily"
- 59 ○ ○ ○ High altitude discomfort
- 60 ○ ○ ○ Opens windows in closed rooms
- 61 ○ ○ ○ Susceptible to colds and fevers
- 62 ○ ○ ○ Afternoon "yawner"
- 63 ○ ○ ○ Get "drowsy" often
- 64 ○ ○ ○ Swollen ankles, worse at night
- 65 ○ ○ ○ Muscle cramps, worse during exercise; get "charley horses"
- 66 ○ ○ ○ Shortness of breath on exertion
- 67 ○ ○ ○ Dull pain in chest or radiating into left arm, worse on exertion
- 68 ○ ○ ○ Bruise easily, "black and blue" spots
- 69 ○ ○ ○ Tendency to anemia
- 70 ○ ○ ○ "Nose bleeds" frequent
- 71 ○ ○ ○ Noises in head, or "ringing in ears"
- 72 ○ ○ ○ Tension under the breastbone, or feeling of "tightness", worse on exertion

GROUP 5

- 73 ○ ○ ○ Dizziness
- 74 ○ ○ ○ Dry skin
- 75 ○ ○ ○ Burning feet
- 76 ○ ○ ○ Blurred vision
- 77 ○ ○ ○ Itching skin and feet
- 78 ○ ○ ○ Excessive falling hair
- 79 ○ ○ ○ Frequent skin rashes
- 80 ○ ○ ○ Bitter, metallic taste in mouth in mornings
- 81 ○ ○ ○ Bowel movements painful or difficult
- 82 ○ ○ ○ Worrier, feels insecure
- 83 ○ ○ ○ Feeling queasy; headache over eyes
- 84 ○ ○ ○ Greasy foods upset
- 85 ○ ○ ○ Stools light colored
- 86 ○ ○ ○ Skin peels on foot soles
- 87 ○ ○ ○ Pain between shoulder blades
- 88 ○ ○ ○ Use laxatives
- 89 ○ ○ ○ Stools alternate from soft to watery
- 90 ○ ○ ○ History of gallbladder attacks or gallstones
- 91 ○ ○ ○ Sneezing attacks
- 92 ○ ○ ○ Dreaming, nightmare type bad dreams
- 93 ○ ○ ○ Bad breath (halitosis)
- 94 ○ ○ ○ Milk products cause distress
- 95 ○ ○ ○ Sensitive to hot weather
- 96 ○ ○ ○ Burning or itching anus
- 97 ○ ○ ○ Crave sweets

GROUP 6

- 98 ○ ○ ○ Loss of taste for meat
- 99 ○ ○ ○ Lower bowel gas several hours after eating
- 100 ○ ○ ○ Burning stomach sensations, eating relieves
- 101 ○ ○ ○ Coated tongue
- 102 ○ ○ ○ Pass large amounts of foul-smelling gas
- 103 ○ ○ ○ Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.
- 104 ○ ○ ○ Mucous colitis or "irritable bowel"
- 105 ○ ○ ○ Gas shortly after eating
- 106 ○ ○ ○ Stomach "bloating" after eating

1 2 3 GROUP 7A

- 107 Insomnia
- 108 Nervousness
- 109 Can't gain weight
- 110 Intolerance to heat
- 111 Highly emotional
- 112 Flush easily
- 113 Night sweats
- 114 Thin, moist skin
- 115 Inward trembling
- 116 Heart palpitates
- 117 Increased appetite without weight gain
- 118 Pulse fast at rest
- 119 Eyelids and face twitch
- 120 Irritable and restless
- 121 Can't work under pressure

GROUP 7B

- 122 Increase in weight
- 123 Decrease in appetite
- 124 Fatigue easily
- 125 Ringing in ears
- 126 Sleepy during day
- 127 Sensitive to cold
- 128 Dry or scaly skin
- 129 Constipation
- 130 Mental sluggishness
- 131 Hair coarse, falls out
- 132 Headaches upon arising, wear off during day
- 133 Slow pulse, below 65
- 134 Frequency of urination
- 135 Impaired hearing
- 136 Reduced initiative

GROUP 7C

- 137 Failing memory
- 138 Low blood pressure
- 139 Increased sex drive
- 140 Headaches, "splitting or rending" type
- 141 Decreased sugar tolerance

GROUP 7D

- 142 Abnormal thirst
- 143 Bloating of abdomen
- 144 Weight gain around hips or waist
- 145 Sex drive reduced or lacking
- 146 Tendency to ulcers, colitis
- 147 Increased sugar tolerance
- 148 Women: menstrual disorders
- 149 Young girls: lack of menstrual function

GROUP 7E

- 150 Dizziness
- 151 Headaches
- 152 Hot flashes
- 153 Increased blood pressure
- 154 Hair growth on face or body (female)
- 155 Sugar in urine (not diabetes)
- 156 Masculine tendencies (female)

GROUP 7F

- 157 Weakness, dizziness
- 158 Chronic fatigue
- 159 Low blood pressure
- 160 Nails weak, ridged
- 161 Tendency to hives
- 162 Arthritic tendencies
- 163 Perspiration increase
- 164 Bowel disorders
- 165 Poor circulation
- 166 Swollen ankles
- 167 Crave salt
- 168 Brown spots or bronzing of skin
- 169 Allergies - tendency to asthma

1 2 3

- 170 Weakness after colds, influenza
- 171 Exhaustion - muscular and nervous
- 172 Respiratory disorders

GROUP 8

- 173 Apprehension
- 174 Irritability
- 175 Morbid fears
- 176 Never seems to get well
- 177 Forgetfulness
- 178 Indigestion
- 179 Poor appetite
- 180 Craving for sweets
- 181 Muscular soreness
- 182 Depression; feelings of dread
- 183 Noise sensitivity
- 184 Acoustic hallucinations
- 185 Tendency to cry without reason
- 186 Hair is coarse and/or thinning
- 187 Weakness
- 188 Fatigue
- 189 Skin sensitive to touch
- 190 Tendency toward hives
- 191 Nervousness
- 192 Headache
- 193 Insomnia
- 194 Anxiety
- 195 Anorexia
- 196 Inability to concentrate; confusion
- 197 Frequent stuffy nose; sinus infections
- 198 Allergy to some foods
- 199 Loose joints

FEMALE ONLY

- 200 Very easily fatigued
- 201 Premenstrual tension
- 202 Painful menses
- 203 Depressed feelings before menstruation
- 204 Menstruation excessive and prolonged
- 205 Painful breasts
- 206 Menstruate too frequently
- 207 Vaginal discharge
- 208 Hysterectomy / ovaries removed
- 209 Menopausal hot flashes
- 210 Menses scanty or missed
- 211 Acne, worse at menses
- 212 Depression of long standing

MALE ONLY

- 213 Prostate trouble
- 214 Urination difficult or dribbling
- 215 Night urination frequent
- 216 Depression
- 217 Pain on inside of legs or heels
- 218 Feeling of incomplete bowel evacuation
- 219 Lack of energy
- 220 Migrating aches and pains
- 221 Tire too easily
- 222 Avoids activity
- 223 Leg nervousness at night
- 224 Diminished sex drive

List the five main complaints you have in the order of their importance:

1. _____

2. _____

3. _____

4. _____

5. _____