

Oregon City Acupuncture
619 Madison St. #110 Oregon City, OR 97045 503-653-1468

Patient Name: _____ **Office ID #** _____

Rate symptoms on a "0" to "10" scale, where "0"=no discomfort, 1-3=Mild; 3-6=Moderate; 6-10= Severe & 10= Maximum Discomfort

Symptoms Discomfort Rating On a "0 to 10" Scale

Abdominal Bloating _____

Abdominal Pains _____

Achy feet _____

Acne _____

ADHD _____

Anger _____

Asthma _____

Autism _____

Backache _____

Body aches _____

Canker sores _____

Constipation _____

Cough _____

Dermatitis _____

Depression _____

Diarrhea _____

Drowsy after meals _____

Eczema _____

Fatigue _____

Fever _____

Flatulence _____

Headache _____

High blood pressure _____

Hives _____

Indigestion _____

Insomnia _____

Itchy eyes _____

Itchy throat _____

Joint pains _____

Mood swing _____

Nervousness _____

Poor wt gain _____

Seizures _____

Sinusitis _____

Skin rashes _____

Thirst _____

Throat swelling _____

Throat close _____

Weight gain _____

Almond _____

Apple _____

Banana _____

Beef _____

Carrot _____

Celery _____

Chocolate _____

Cow's milk _____

Corn _____

Crab _____

Egg white _____

Lobster _____

Orange _____

Oyster _____

Peanut _____

Salmon _____

Shrimp _____

Soybean _____

String beans _____

Tomato _____

Wheat _____

Rice _____

Crab _____

Lobster _____

Oyster _____

Lamb _____

Pork _____

Food coloring _____

Sodium nitrate _____

Sodium Sulfate _____