

ZHI-PING KOLOUCH, LAC

6300 9TH AVE NE, #200 ~ SEATTLE, WA 98115 (206) 522-5646

MEDICAL HISTORY

Patient Name: _____ Date: _____

Phone: _____ Address: _____

If you have ever had any of the following conditions, please check the appropriate box.

CIRCULATORY:

- Blood Clots
- Heart Condition
- High Blood Pressure
- Low Blood Pressure
- Lymphedema
- Varicose Veins
- Other: _____

DIGESTIVE:

- Constipation
- Gas or Bloating
- Diverticulitis
- Irritable Bowel Syndrome
- Ulcer
- Other: _____

RESPIRATORY:

- Asthma
- Chronic Cough
- Difficulty Breathing
- Lung Disease
- Sinus Infection
- Tuberculosis
- Other: _____

NERVOUS SYSTEM:

- Anxiety or Nervousness
- Chronic Pain
- Depression
- Epilepsy or Seizure
- Fatigue
- Herpes/Shingles
- Memory Loss (Short/Long Term)
- Neuritis or Neuralgia
- Numbness or Tingling
- Sciatica or Lumbago
- Sleep Disorders
- Other: _____

SKIN PROBLEMS:

- Allergies
- Athlete's Foot
- Rashes
- Warts
- Other: _____

REPRODUCTIVE:

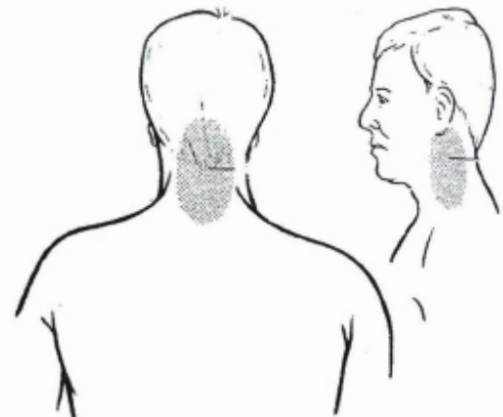
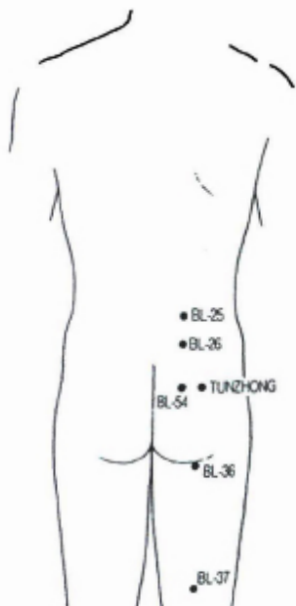
- Current Pregnancy Stage?
- PMS
- Other: _____

MUSCULO-SKELETAL

- Arthritis
- Bone or Joint Disease
- Bursitis
- Frequent or Severe Headaches
- Head Injuries
- Hernia
- Jaw Pain or TMJ
- Low Back, Hip, or Leg Pain
- Lupus
- Neck, Shoulder, or Arm Pain
- Spasms or Cramps
- Sprains or Strains
- Tendonitis
- Other: _____

OTHER:

- Cancer or Tumors
- Diabetes
- Eating Disorders
- HIV Positive
- Infectious Diseases
- Other: _____



Initials