



MINNESOTA COMMUNITY ACUPUNCTURE  
HEALTH HISTORY for MEN



Please mark an X on the scales and check any boxes of symptoms you have had in the past month

**TEMPERATURE**

How warm / cold you feel (not in degrees); relative to other people do you wear more or less layers, etc.

COLD

HOT

- Cold hands or feet
- Chills
- Cold "in the bones"
- Areas of numbness

- Thirst for cold / hot drinks
- Thirst, no desire to drink
- Absence of thirst
- Excessive thirst

- Night sweats
- Unusual sweats  
When \_\_\_\_\_ am / pm  
Where on body \_\_\_\_\_

- Hot hands, feet, chest
- Hot flashes
- Hot in afternoon
- Hot at night

**MOISTURE**

Your overall body moisture (hair, skin, mouth, bowels, etc.)

DRY

OILY

- Dry skin
- Dry hair
- Dry eyes
- Dry brittle nails

- Dry mouth
- Dry lips
- Dry throat
- Dry nose / Nosebleeds

- Where on your body?:
- Edema / Swelling \_\_\_\_\_
  - Rashes \_\_\_\_\_
  - Itching \_\_\_\_\_
  - Dandruff

- Oily skin
- Oily hair
- Pimples
- Weight gain / loss

**DIGESTION**

DIARRHEA

CONSTIPATION

- BM: How often? \_\_\_\_\_ x / every \_\_\_\_\_ days  
Stools keep shape?  Y  N
- Alternating diarrhea & constipation (IBS)
  - Indigestion

- Gas
- Bloating
- Belching
- Poor appetite

- Nausea / Vomiting
- Bad breath
- Heartburn
- Excessive hunger

- Dry Stools
- Difficult to pass
- Tired after BM
- Foul smelling stools

**ENERGY**

LOW

HIGH

- Sudden energy drop  
Time of day: \_\_\_\_\_ am / pm
- Energy drop after eating
- Fatigue

- Dependence on caffeine / stimulants
- Wired / ungrounded feeling
- Body / Limbs feel heavy
- Body / Limbs feel weak

- Shortness of breath
- Heart Palpitations
- Blood pressure High / Low
- Bleed / Bruise easy

- Hard to concentrate
- Poor memory
- Dizziness / lightheaded
- Headaches \_\_\_\_\_ x / week

**SLEEP**

- # hours per night \_\_\_\_\_
- Difficulty falling asleep
  - Wake \_\_\_\_\_ x / night @ \_\_\_\_\_ am / pm
  - Wake to urinate How often? \_\_\_\_\_
  - Disturbing dreams
  - Restless sleep
  - Not rested upon waking

**EMOTIONS**

What emotion(s) dominate your experience?

- Anger
- Irritability
- Anxiety
- Worry
- Obsessive thinking
- Sadness
- Grief
- Depression
- Joy
- Fear
- Timid / shy
- Indecision

**EYES, EARS NOSE THROAT**

- Poor vision
- Night blindness
- Red eyes
- Itchy eyes
- Spots in front of eyes
- Sinus congestion
- Phlegm (color \_\_\_\_\_)
- Poor hearing
- Ringing in ears
- Excess earwax
- Sore throat
- Dental problems
- Mouth sores
- Cough

**URINARY**

- Fluid in = fluid out?  Y  N
- Decrease in flow
  - Dribbling
  - Difficulty starting / stopping
  - Incontinence
  - Kidney stones
  - Urgency to urinate
  - Frequent urination
  - Pain on urination
  - Burning sensation
  - Cloudy urine
  - Blood in urine

**REPRODUCTIVE**

- Are you sexually active?  Y  N
- Change in Sex Drive?  Y  N
- Erectile dysfunction
  - Sores on genitals
  - Discharge
  - Premature ejaculation
  - Prostate disease
  - Genital Pain
  - Jock Itch
  - Vasectomy
  - Hernia
  - Hemorrhoids