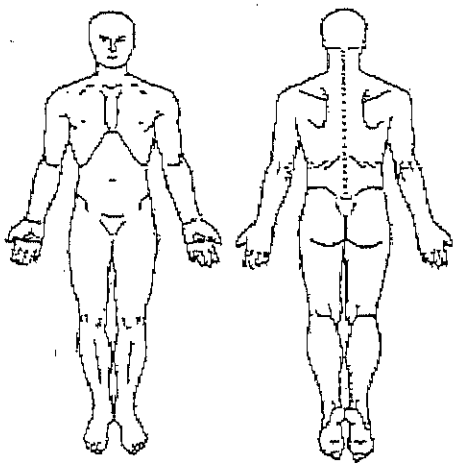
UCLA Health

## NEW PATIENT REVIEW FORM
## UCLA CENTER FOR EAST–WEST MEDICINE

What is your main concern and when did it start?

If you have a pain condition, please mark on the diagram where it hurts with an X:



**If you have a pain condition, on average how severe is your pain?**

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

No Pain Mild Pain Moderate Pain Severe Pain Unbearable

**On average how much fatigue do you feel?**

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

No Fatigue Mild Fatigue Moderate Fatigue Severe Fatigue Bedbound

**How many hours do you sleep a day?**

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

**What is the quality of your sleep?**

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Very Poor Poor Bad Good Restful Very Restful

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Please list all of your medical problems.

_____

_____

_____

_____

Please list any medications/herb/vitamins/minerals/supplements you are taking.

_____

_____

_____

What surgical or medical procedures have you had in the past?

_____

_____

_____

Are you pregnant or think you may be pregnant? ☐ No ☐ Yes, _____

How much alcohol do you drink and how often? _____

Do you smoke? ☐ No ☐ Yes If yes, how much and how often? _____

What medical problems do your relatives have?

_____

_____

_____

*Do you have any of these symptoms? (check as many as apply).*

- ☐ Fevers
- ☐ Chills
- ☐ Blurry vision
- ☐ Eye pain
- ☐ Hearing loss
- ☐ Sore throat
- ☐ Cough
- ☐ Shortness of breath
- ☐ Frequent colds
- ☐ Fungal infections
- ☐ Chest pain
- ☐ Palpitations
- ☐ Constipation
- ☐ Diarrhea
- ☐ Urinary frequency
- ☐ Painful urination
- ☐ Heat sensitivity
- ☐ Cold sensitivity
- ☐ Skin Rash
- ☐ Breast pain
- ☐ Muscle soreness
- ☐ Joint pain
- ☐ Easy bruising
- ☐ Extremity swelling
- ☐ Dizziness
- ☐ Numbness
- ☐ Anxiety
- ☐ Depression
- ☐ Work stress
- ☐ Family stress
- ☐ Post–traumatic stress
- ☐ Weight

Patient or Representative Signature _____ Date _____ Time _____

If signed by someone other than the patient, please specify relationship to the patient: _____