YOUR WELLNESS INTAKE FORM
Dr. Cecilia Yu
NUCCA Practitioner
12740 Hillcrest Road Suite 138 · Dallas · TX 75230

Date _____/_____/_____

Name _____
Last Name First Name Middle Initial

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Email _____ Referred by _____

Cell Phone _____ Home Phone _____

Work Phone _____ Age _____ DOB _____/_____/_____

Marital Status: Married Single Widowed Divorced Number of Children: _____

Occupation _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Name of Spouse _____ Occupation _____

Employer _____ Office Phone _____

Emergency Contact _____

PAYMENT IS EXPECTED AT THE TIME OF VISIT Cash Visa/MC/Discover/Amex

Person Responsible for payment

Name _____ Phone _____

Reason for visit _____

Other doctors seen for this condition _____

Have you been treated for any health condition by a physician in the last year? Y N

Is the condition getting progressively worse? Y N

Describe your condition (include frequency, type of pain, and anything you would like the doctor to know)

_____

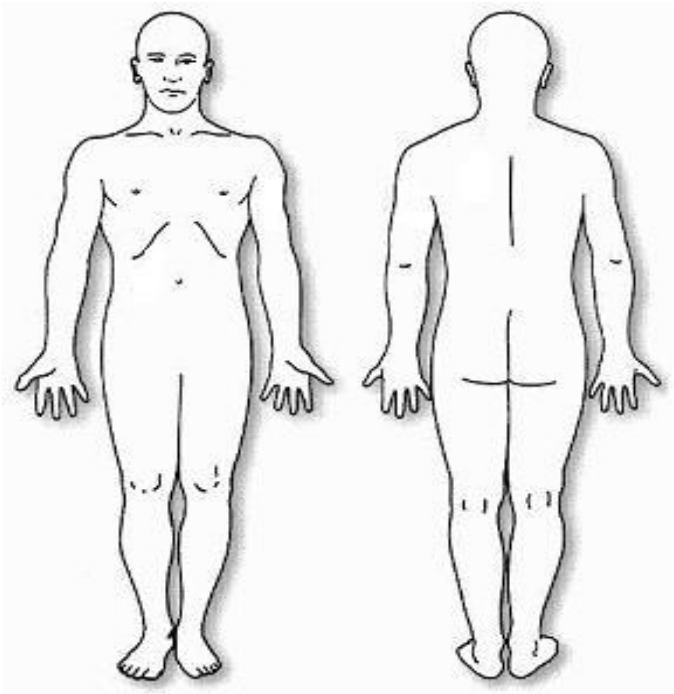
_____

_____

_____

_____

Please outline on the diagram the area of your discomfort.



Confidential Health History

Please describe your present complaints

_____

_____

_____

_____

_____

Please check any of the following that apply to your current/past medical history:

□ Allergy
□ Angina
□ Asthma
□ Arthritis
□ Heartburn
□ Hay fever
□ Hiatal Hernia
□ Migraines
□ Sore throats
□ Shortness of Breath
□ Difficulty Breathing
□ Hardening of arteries
□ Liver trouble
□ Hyperactivity
□ Numbness of legs/feet
□ Numbness in arms/hands
□ Burning sensations
□ Swollen ankles
□ Stomach ulcers
□ Foot Trouble
□ Frequent Urination
□ Kidney Stone
□ Kidney Infection
□ Bladder infection
□ Painful urination
□ Poor urine control
□ Prostate Trouble
□ Belching/gas
□ Fainting
□ Colon Trouble
□ Headaches
□ Nosebleeds
□ Tuberculosis
□ Jaundice
□ Polio
□ Bursitis
□ Sprained ankle
□ Vomiting of blood
□ Bed wetting
□ Stiff/painful neck
□ Arm pain
□ Chest pain
□ Leg pain
□ Pain between shoulders
□ Shoulder pain
□ Knee pain
□ Low back pain
□ Painful tailbone
□ Sciatica
□ Thyroid issues
□ Diabetes
□ Enlarged glands
□ Gout
□ Nasal congestion
□ Itching
□ Chronic cough
□ Heart disease
□ Stroke
□ Hemorrhoids
□ Vomitting
□ Broken bones
□ Weakness in legs
□ Rheumatic fever
□ Sinus infection
□ Convulsions
□ Stomach aches
□ Dentures
□ Bruise easily
□ Diarrhea
□ Varicose veins
□ Gall bladder trouble
□ Depression
□ Emphysema
□ Poor circulation
□ Poor appetite
□ Surgery _____
□ Weakness in arms
□ Slow heart beat
□ Low Blood Pressure
□ Rapid heart beat
□ High Blood Pressure
□ Spinal curvature
□ Swollen joints
□ Bad posture
□ Anemia
□ Poor hearing
□ Fatigue
□ Eczema/Hives
□ Constipation
□ Loss of sleep
□ Excessive hunger
□ Nervousness
□ Spitting up blood
□ Nausea
□ Tumor
□ Cancer
□ Loss of weight
□ Difficulty swallowing
□ History of Heart Attack
□ Ringing in Ear

Please describe what you expect out of your visit at Synergy Balance