

Online Consultation Form

Name:

Date of Birth:

Tel:

Please answer the following questions as detail as possible:

1.Chief complaint: any discomfort and how long, any symptoms along with the chief complaint?

2. Any pain or discomfort?

- (1) What kind of pain or discomfort? (including pain, nausea, palpation, short of breath,etc)
- (2) How severe? Rate out of 10, 1 is less pain, 10 is the most pain. If tinnitus, high frequency or low frequency?
- (3) When and How it started?
- (4) What cause it?
- (5) What make it better or worse?
- (6) Any symptom accompany with it?
- (7) What time happen during a day? Or when is the most severe?
- (8) How was the treatment? See any doctor or specialist? What the diagnosis?

3.Body feels cold or hot?

- (1) Usually the body feeling cold or hot
- (2) When feels cold or hot during a day?
- (3) Which body part feels cold or hot?
- (4) Usually like to drink cold water or warm water?
- (5) Easy feels thirsty, dry mouth
- (6) Easy got mouth ulcer or tongue pain

4.Any abnormal sweating?

- (1) When during a day?
- (2) Which part of body?

5.How is sleep?

- (1) Hard to fall sleep
- (2) Easy to wake up? Easy to back asleep after wake up? How about dreams?

6.How is the appetite?

- (1) Appetite is good or not, if carving for some food?
- (2) Any Discomfort after eating? What kind of discomfort? when it starts? And last how long time?

7.Stress level?

- (1) How much out of the 10? (0 is no stress, 10 is most stress)
- (2) How is the mood? (10 is very good)

8.Energy level?

- (1) How much out of the 10? (0 is no energy, 10 is most energize)
- (2) Easy feels heavy body? When?

9.Bowel motion

- (1) How many times per day? Usually when?
- (2) Hard dry or loose stool?
- (3) Any discomfort accompany with bowel motion

10. Urination

- (1) How frequent during day?
- (2) How frequent after asleep?
- (3) Clear or yellow urine
- (4) Any discomfort accompany with urination

11. Female Patient

Today is which day of the Cycle? (when was the menopause). The cycle is regular or not, how earlier or later, any discomfort accompany, before or during?, how many days last, light, red, dark, any clots, how many times of pregnancy? How old the youngest kid? Natural delivery or cesarean?

12. History:

please list the diseases and how long time if you have. Any medication if taking, please list the medicine you are currently taking.

13. Tongue picture

Please take two pictures like the following. Please on the proper light, try to open the mouth, and including the face around the mouth.

