FRACTAL DRAGON ACUPUNCTURE & ORIENTAL MEDICINE, LLC
Susan Gallagher, MSOM, Dipl. OM (NCCAOM)

Your Name: _____ Today's Date: _____

For Women Only:
Please check if you have had any of the following:

Past	Now	Symptom	Past	Now	Symptom
		Abdominal pain or cramps w/menses			Hot Flashes
		Abnormal PAP smear			Irregular Menstruation
		Abortion			I.U.D.
		Amenorrhea (No menses)			Menopause
		Back pain with menstruation			Miscarriage
		Birth Control Pills			Premenstrual Tension/ Syndrome
		Bleeding between periods			Pregnancy
		Bleeding during or post-intercourse			Scanty Bleeding with period
		Bloating before periods			Tubal Ligation
		Blood discharge from nipples			Sick or weak with menstruation
		Breast Lumps			Vaginal Discharge
		Heavy bleeding with period			Vaginal Dryness or Itching

Age that you began menses? _____
Number of days between periods: _____
Date of last period: _____
Age you began menopause? _____

Number of births you have had? _____
Ages of your children? _____
Birth Control and Method? _____