

WIND GATE ACUPUNCTURE AND INTEGRATIVE MEDICINE

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<http://www.windgatehealth.com>

PATIENT INFORMATION

Patient's Name: _____ SS# _____ - _____ - _____ Sex: Male Female
Date of Birth: _____ Age: _____
Home Address: _____
Home Phone: (_____) _____ Occupation: _____ Student
Employer (School, if student): _____ Work/School Phone: (_____) _____
Employer/School Address: _____
E-mail Address: _____ Fax Phone: (_____) _____
Driver's License Number: _____

RESPONSIBLE PARTY and/or SPOUSE'S INFORMATION

Responsible Party: _____ SS# _____ - _____ - _____ Date of Birth: _____
Home Address: _____
Home Phone: (_____) _____ Occupation: _____
Employer: _____ Work Phone: (_____) _____
Employer Address: _____ Driver's License No.: _____

REFERRAL SOURCE _____ Address _____
Phone # _____ Fax # _____ Do we have your permission to release information to the
referring professional when it is appropriate? Yes _____ No _____

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems)

WHY DID YOU SEEK THE EVALUATION AT THIS TIME? What are your goals in being here?

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

MEDICAL HISTORY

Current medical problems/medications: _____

Current supplement/vitamins/herbs: _____

Past medical problems/medications: _____

Other doctors/clinics seen regularly: _____

Any history of head trauma? (describe): _____

Ever any seizures or seizure like activity? _____

Prior hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc: _____

Allergies/drug intolerances (describe): _____

Present Height _____ *Present Weight* _____

CURRENT LIFE STRESSES (include anything that is currently stressful for you) _____

Prenatal and birth events: Your parents attitude toward their pregnancy with you _____

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc) _____

Any birth problems, trauma, forceps or complications?: _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

School History: Last grade completed _____ Last school attended _____

Average grades received _____ Specific learning disabilities _____

Learning strengths _____

Any behavior problems in school? _____

What have teachers said about you _____

Please bring school report cards and any state, national or special testing that has been performed.

Brain System Checklist

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person who knows you well (such as a spouse, lover or parent) rate you as well. List other _____

0 1 2 3 4 NA
 Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Other Self

- ___ ___ 1. Fails to give close attention to details or makes careless mistakes
- ___ ___ 2. Trouble sustaining attention in routine situations (i.e., homework, chores, paperwork)
- ___ ___ 3. Trouble listening
- ___ ___ 4. Fails to finish things
- ___ ___ 5. Poor organization for time or space (such as backpack, room, desk, paperwork)
- ___ ___ 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
- ___ ___ 7. Loses things
- ___ ___ 8. Easily distracted
- ___ ___ 9. Forgetful
- ___ ___ 10. Poor planning skills
- ___ ___ 11. Lack clear goals or forward thinking
- ___ ___ 12. Difficulty expressing feelings
- ___ ___ 13. Difficulty expressing empathy for others
- ___ ___ 14. Excessive daydreaming
- ___ ___ 15. Feeling bored
- ___ ___ 16. Feeling apathetic or unmotivated
- ___ ___ 17. Feeling tired, sluggish or slow moving
- ___ ___ 18. Feeling spacey or "in a fog"
- ___ ___ 19. Fidgety, restless or trouble sitting still
- ___ ___ 20. Difficulty remaining seated in situations where remaining seated is expected
- ___ ___ 21. Runs about or climbs excessively in situations in which it is inappropriate
- ___ ___ 22. Difficulty playing quietly
- ___ ___ 23. "On the go" or acts as if "driven by a motor"
- ___ ___ 24. Talks excessively
- ___ ___ 25. Blurts out answers before questions have been completed
- ___ ___ 26. Difficulty awaiting turn
- ___ ___ 27. Interrupts or intrudes on others (e.g., butts into conversations or games)
- ___ ___ 28. Impulsive (saying or doing things without thinking first)
- ___ ___ 29. Excessive or senseless worrying
- ___ ___ 30. Upset when things do not go your way
- ___ ___ 31. Upset when things are out of place
- ___ ___ 32. Tendency to be oppositional or argumentative
- ___ ___ 33. Tendency to have repetitive negative thoughts
- ___ ___ 34. Tendency toward compulsive behaviors
- ___ ___ 35. Intense dislike for change
- ___ ___ 36. Tendency to hold grudges
- ___ ___ 37. Trouble shifting attention from subject to subject
- ___ ___ 38. Trouble shifting behavior from task to task
- ___ ___ 39. Difficulties seeing options in situations
- ___ ___ 40. Tendency to hold on to own opinion and not listen to others
- ___ ___ 41. Tendency to get locked into a course of action, whether or not it is good
- ___ ___ 42. Needing to have things done a certain way or you become very upset
- ___ ___ 43. Others complain that you worry too much
- ___ ___ 44. Tend to say no without first thinking about question
- ___ ___ 45. Tendency to predict fear
- ___ ___ 46. Frequent feelings of sadness
- ___ ___ 47. Moodiness
- ___ ___ 48. Negativity
- ___ ___ 49. Low energy
- ___ ___ 50. Irritability

- ___ 51. Decreased interest in others
- ___ 52. Decreased interest in things that are usually fun or pleasurable
- ___ 53. Feelings of hopelessness about the future
- ___ 54. Feelings of helplessness or powerlessness
- ___ 55. Feeling dissatisfied or bored
- ___ 56. Excessive guilt
- ___ 57. Suicidal feelings
- ___ 58. Crying spells
- ___ 59. Lowered interest in things usually considered fun
- ___ 60. Sleep changes (too much or too little)
- ___ 61. Appetite changes (too much or too little)
- ___ 62. Chronic low self-esteem
- ___ 63. Negative sensitivity to smells/odors
- ___ 64. Frequent feelings of nervousness or anxiety
- ___ 65. Panic attacks
- ___ 66. Symptoms of heightened muscle tension (headaches, sore muscles, hand tremor)
- ___ 67. Periods of heart pounding, rapid heart rate or chest pain
- ___ 68. Periods of trouble breathing or feeling smothered
- ___ 69. Periods of feeling dizzy, faint or unsteady on your feet
- ___ 70. Periods of nausea or abdominal upset
- ___ 71. Periods of sweating, hot or cold flashes
- ___ 72. Tendency to predict the worst
- ___ 73. Fear of dying or doing something crazy
- ___ 74. Avoid places for fear of having an anxiety attack
- ___ 75. Conflict avoidance
- ___ 76. Excessive fear of being judged or scrutinized by others
- ___ 77. Persistent phobias
- ___ 78. Low motivation
- ___ 79. Excessive motivation
- ___ 80. Tics (motor or vocal)
- ___ 81. Poor handwriting
- ___ 82. Quick startle
- ___ 83. Tendency to freeze in anxiety provoking situations
- ___ 84. Lacks confidence in their abilities
- ___ 85. Seems shy or timid
- ___ 86. Easily embarrassed
- ___ 87. Sensitive to criticism
- ___ 88. Bites fingernails or picks skin
- ___ 89. Short fuse or periods of extreme irritability
- ___ 90. Periods of rage with little provocation
- ___ 91. Often misinterprets comments as negative when they are not
- ___ 92. Irritability tends to build, then explodes, then recedes, often tired after a rage
- ___ 93. Periods of spaciness or confusion
- ___ 94. Periods of panic and/or fear for no specific reason
- ___ 95. Visual or auditory changes, such as seeing shadows or hearing muffled sounds
- ___ 96. Frequent periods of deja vu (feelings of being somewhere you have never been)
- ___ 97. Sensitivity or mild paranoia
- ___ 98. Headaches or abdominal pain of uncertain origin
- ___ 99. History of a head injury or family history of violence or explosiveness
- ___ 100. Dark thoughts, may involve suicidal or homicidal thoughts
- ___ 101. Periods of forgetfulness or memory problems

Learning Checklist

Please rate yourself on each of the symptoms listed below using the following scale. If possible, to give us the most complete picture, have another person (such as a spouse, lover or parent) rate you as well. List other person_____

0 1 2 3 4 NA
Never Rarely Occasionally Frequently Very Frequently Not Applicable/Not Known

Other Self

Reading

- ___ ___ 1. I am a poor reader.
___ ___ 2. I do not like reading.
___ ___ 3. I make mistakes when reading like skipping words or lines.
___ ___ 4. I read the same line twice.
___ ___ 5. I have problems remembering what I read even though I have read all the words.
___ ___ 6. I reverse letters when I read (such as b/d, p/q).
___ ___ 7. I switch letters in words when reading (such as god and dog).
___ ___ 8. My eyes hurt or water when I read.
___ ___ 9. Words tend to blur when I read.
___ ___ 10. Words tend to move around the page when I read.
___ ___ 11. When reading I have difficulty understanding the main idea or identifying important details.

Writing

- ___ ___ 12. I have “messy “ handwriting.
___ ___ 13. My work tends to be messy.
___ ___ 14. I prefer print rather than writing in cursive.
___ ___ 15. My letters run into each other or there is no space between words.
___ ___ 16. I have trouble staying within lines.
___ ___ 17. I have problems with grammar or punctuation.
___ ___ 18. I am a poor speller.
___ ___ 19. I have trouble copying off the board or from a page in a book.
___ ___ 20. I have trouble getting thoughts from my brain to the paper.
___ ___ 21. I can tell a story but cannot write it.

Body Awareness/ Spatial Relationships

- ___ ___ 22. I have trouble with knowing my left from my right.
___ ___ 23. I have trouble keeping things within columns or coloring within lines.
___ ___ 24. I tend to be clumsy, uncoordinated.
___ ___ 25. I have difficulty with eye hand coordination.
___ ___ 26. I have difficulty with concepts such as up, down, over or under.
___ ___ 27. I tend to bump into things when walking.

Oral Expressive language

- ___ ___ 28. I have difficulty expressing myself in words.
___ ___ 29. I have trouble finding the right word to say in conversations.
___ ___ 30. I have trouble talking around a subject or getting to the point in conversations.

Receptive language

- ___ ___ 31. I have trouble keeping up or understanding what is being said in conversations.
- ___ ___ 32. I tend to misunderstand people and give the wrong answers in conversations.
- ___ ___ 33. I have trouble understanding directions people tell me.
- ___ ___ 34. I have trouble telling the direction sound is coming from.
- ___ ___ 35. I have trouble filtering out background noises.

Math

- ___ ___ 36. I am poor at basic math skills for my age (adding, subtracting, multiplying and dividing)
- ___ ___ 37. I makes “careless mistakes” in math.
- ___ ___ 38. I tend to switch numbers around.
- ___ ___ 39. I have difficulty with word problems.

Sequencing

- ___ ___ 40. I have trouble getting everything in the right order when I speak.
- ___ ___ 41. I have trouble telling time.
- ___ ___ 42. I have trouble using the alphabet in order.
- ___ ___ 43. I have trouble saying the months of the year in order.

Abstraction

- ___ ___ 44. I have trouble understanding jokes people tell me.
- ___ ___ 45. I tend to take things too literally.

Organization

- ___ ___ 46. My notebook/paperwork is messy or disorganized.
- ___ ___ 47. My room is messy.
- ___ ___ 48. I tend to shove everything into my backpack, desk or closet.
- ___ ___ 49. I have multiple piles around my room.
- ___ ___ 50. I have trouble planning my time.
- ___ ___ 51. I am frequently late or in a hurry.
- ___ ___ 52. I often do not write down assignments or tasks and end up forgetting what to do.

Memory

- ___ ___ 53. I have trouble with my memory.
- ___ ___ 54. I remember things from long ago but not recent events.
- ___ ___ 55. It is hard for me to memorize things for school or work.
- ___ ___ 56. I know something one day but do not remember it to the next.
- ___ ___ 57. I forget what I am going to say right in the middle of saying it.
- ___ ___ 58. I have trouble following directions that have more than one or two steps.

Social Skills

- ___ ___ 59. I have few or no friends.
- ___ ___ 60. I have trouble reading body language or facial expressions of others.
- ___ ___ 61. My feelings are often or easily hurt.
- ___ ___ 62. I tend to get into trouble with friends, teachers, parents or bosses.
- ___ ___ 63. I feel uncomfortable around people I do not know well.
- ___ ___ 64. I am teased by others.
- ___ ___ 65. Friends do not call and ask me to do things with them.
- ___ ___ 66. I do not get together with others outside of school or work.

