Beautiful Ama
Acupuncture for Whole Body Health

COSMETIC ACUPUNCTURE HEALTH HISTORY (ABDOMEN)

Name _____ Age _____ Today's Date _____

Are you pregnant or planning on getting pregnant? Yes No

Have you had any cosmetic procedures on your abdomen before? No / Yes (please list below)

_____

_____

How happy are you with your abdomen? Rate from 1-10 with 10 being the best: _____

What part of your abdomen do you LIKE the most?

_____

_____

What part of your abdomen do you DISLIKE the most?

_____

_____

What are your goals with cosmetic acupuncture?

_____

_____

_____

_____

Are you on a special diet?

☐ Gluten free	☐ Low carb	☐ Vegetarian
☐ Dairy free	☐ Low salt	☐ Vegan
☐ Nut free (Allergy? Yes / No)	☐ Low cholesterol	☐ Other: _____

How healthy is your overall diet and nutrition? Excellent Good Fine Bad Terrible

Describe typical meals for you:

☐ Breakfast:	
☐ Lunch:	
☐ Dinner:	
☐ Snacks:	

How often do you exercise? _____

What kind of exercise do you do? _____

Have you lost weight in the past? No Yes (how much? _____ pounds, how? _____)

Do you want to lose weight in the future? No Yes (how much? _____ pounds)

If you want to lose weight, how committed are you? Actively trying Trying to get motivated Just hoping