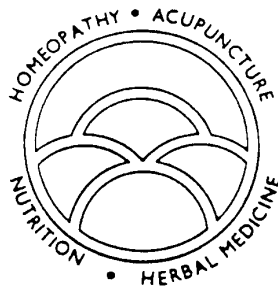


## Form Instructions:

1. Download PDF to your computer; do not fill out online or the information will not be saved
2. Open PDF and fill in the information
3. SAVE – please be sure to save your changes
4. Then either print the form and bring it in with you, or attach it to an email as a PDF and email it to me, or both.



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**Doctor of Oriental Medicine - Classical Homeopathic Medicine**  
**Chinese Herbs - Acupuncture - Nutritional Counseling**

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1. If you have any pains, are they: better when moving around \_\_\_\_\_, or worse when moving around \_\_\_\_\_? Better with heat \_\_\_\_\_, or cold \_\_\_\_\_?
2. What changes in the weather affect you and in what ways? (hot, cold, summer, winter, wind, dampness, etc)? \_\_\_\_\_
3. Do your pains move around from place to place \_\_\_\_\_?  
Explain: \_\_\_\_\_
4. Do you feel weak if you miss a meal? \_\_\_\_\_
5. Do you snack often? \_\_\_\_\_; On what? \_\_\_\_\_
6. Do you prefer hot drinks or cold drinks? \_\_\_\_\_  
Do you use ice very often? \_\_\_\_\_
7. Are you very thirsty in general? \_\_\_\_\_
8. Do you prefer your food to be bland \_\_\_\_\_, salty \_\_\_\_\_, spicy \_\_\_\_\_, sour \_\_\_\_\_?
9. Do any foods in particular cause you nausea \_\_\_\_\_ or diarrhea \_\_\_\_\_?
10. Does thunder upset you \_\_\_\_\_, or do you like it \_\_\_\_\_?
11. Are you afraid of high places \_\_\_\_\_ or do you like heights \_\_\_\_\_?
12. How do you sleep \_\_\_\_\_?
13. When upset, do you prefer to deal with your problems alone \_\_\_\_\_, or do you like a "shoulder to cry on" \_\_\_\_\_?
14. Do you prefer solitude \_\_\_\_\_, or company \_\_\_\_\_?
15. Are you a loner \_\_\_\_\_ or very extroverted \_\_\_\_\_?
16. Are you very jealous? \_\_\_\_\_
17. Do you have any of these fears: \_\_\_\_\_ being alone, \_\_\_\_\_ dark, \_\_\_\_\_ robbers, \_\_\_\_\_ insects, \_\_\_\_\_ closed spaces, \_\_\_\_\_ specific people, \_\_\_\_\_ open spaces?

**Page 2 -- Special Homeopathic Intake Form**

18. Please list any other fears you have? \_\_\_\_\_  
\_\_\_\_\_

19. Are you naturally tidy \_\_\_\_\_ or do you create piles of untidy stuff \_\_\_\_\_?

20. Does bright sunlight bother you \_\_\_\_\_?

21. How do you like the ocean \_\_\_\_\_?

22. Any problems in your sex life? \_\_\_\_\_

23. What is your favorite season \_\_\_\_\_? And your worst season \_\_\_\_\_?

24. What is your favorite color \_\_\_\_\_? Least favorite color? \_\_\_\_\_

25. Do you sleep with the windows open or do you prefer a closed room \_\_\_\_\_?

26. What is your favorite time of day? \_\_\_\_\_ Least favorite time of day? \_\_\_\_\_

27. What are your hobbies? \_\_\_\_\_

28. Upon entering a party, do you:

(a.) \_\_\_\_\_ sit down immediately (b.) \_\_\_\_\_ just stand still (c.) \_\_\_\_\_ move around  
constantly meeting others

29. How frequently do you tend to cry? \_\_\_\_\_

30. Do you perspire \_\_\_\_\_ or feel unusually hot at any odd times? \_\_\_\_\_  
\_\_\_\_\_

31. Do you have allergies? \_\_\_\_\_ To what? \_\_\_\_\_  
\_\_\_\_\_

32. Anxiety? \_\_\_\_\_ About what? \_\_\_\_\_  
\_\_\_\_\_

33. Do you feet hot uncovered at night? \_\_\_\_\_

34. What is your sleeping position? \_\_\_\_\_

35. Do you worry a lot about: state of the world? \_\_\_\_\_ family? \_\_\_\_\_  
spouse? \_\_\_\_\_ kids? \_\_\_\_\_ business? \_\_\_\_\_ money? \_\_\_\_\_  
natural disasters? \_\_\_\_\_ ambitious? \_\_\_\_\_

36. Do you weep easily? \_\_\_\_\_

37. Are you claustrophobic? \_\_\_\_\_

38. Do you have a fear of: cancer? \_\_\_\_\_ animals? \_\_\_\_\_ robbers? \_\_\_\_\_  
violence? \_\_\_\_\_ rape? \_\_\_\_\_ speaking in public? \_\_\_\_\_ health? \_\_\_\_\_  
trivial details? \_\_\_\_\_

39. Are you easily angered? \_\_\_\_\_ Do you hold it in? \_\_\_\_\_ Or let it out? \_\_\_\_\_  
If you let it out, how do you let it out? \_\_\_\_\_

Do you scream, smash or throw things? \_\_\_\_\_

40. Are you impatient of people being stupid or moving too slowly? \_\_\_\_\_

41. Do you have grief of loss of relationship? \_\_\_\_\_ How long ago? \_\_\_\_\_

42. Do you wish to die? \_\_\_\_\_

43. Do you have difficulty making decisions? \_\_\_\_\_ What types? \_\_\_\_\_

44. Are you forgetful? \_\_\_\_\_ Of everything or specific things? \_\_\_\_\_

45. Do you feel worse at any particular time of day? \_\_\_\_\_

46. Do you feel better at any certain time of day? \_\_\_\_\_

47. What is the temperature or weather you like? \_\_\_\_\_

48. What is the temperature or weather you dislike? \_\_\_\_\_