

INITIAL HEALTH STATUS

American Specialty Health Plans of California, Inc. (ASH Plans)
P.O. Box 509002, San Diego, CA 92150-9002 Fax: 877/248-2746

(Acupuncture)
For questions, please call ASH Plans at 888/226-8879

Patient Name _____ Birthdate _____ Sex M / F
Address _____
Subscriber Name: _____ Subscriber ID #: _____ Group #: _____
Phone # (Home): _____ Work #: _____ Employer _____ Occupation _____
Social Security #: _____ Primary Health Plan: _____ Patient/Member ID #: _____
2nd Health Plan: _____ Primary Care Physician: _____ PCP phone #: _____
(Required) (Required)

Please describe your current health problem(s): _____

How and When it began: _____

If you are undergoing acupuncture treatments, describe your progress: _____

- Worsened No change 25% improved 50% improved 75% improved

Circle your current pain areas: Head, Neck, Jaw, Shoulder, Arm, Elbow, Hand, Wrist, Upper Back, Low Back, Tailbone, Hip, Thigh, Knee, Ankle, Foot, Chest, Abdomen, Other: _____
No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable Pain

How often are your symptoms present? Constantly Frequently Intermittently Occasionally

Describe your current health condition: Good Fair Poor Chronically ill

Can you perform your daily activities? Yes, all activities Some activities Not at all

Are you currently under the care of a physician? No Yes, please explain _____

What treatment have you been taking for the above condition(s)? (Surgery, medications, injections, therapy, chiropractic, etc.) _____

Past Present

- Alcohol/tobacco/drug dependence
- Abnormal menstruation
- Allergies
- Angina
- Arthritis/rheumatoid arthritis
- Artificial joints
- Asthma
- Blood disorder
- Breast lumps
- Cancer/tumor
- Convulsions/seizures
- Diabetes
- Diarrhea/constipation
- Excessive thirst
- Fainting or dizziness
- Fatigue

Past Present

- Frequent urination
- Headache
- Heart attack
- Heartburn or indigestion
- High blood pressure
- Hospitalizations/surgical procedures _____
- Kidney disease
- Liver problems
- Pacemaker
- Painful menstruation
- Palpitation/arrhythmia
- Peptic ulcer
- PMS
- Pregnancy, months _____
- Prostate problems
- Rapid weight gain/loss

Past Present

- Sinusitis
- Stroke
- Thyroid Disease
- Medications _____
- Other: _____

If a family member has had any of the following, please mark the appropriate box and explain:

- Arthritis Lupus
- Cancer Mental disorders
- Heart disease
- Hypertension
- Other: _____

Comments: _____

I certify that the above information is complete and accurate. If the health plan information is not accurate, or if I am not eligible to receive a health care benefit through this provider, I understand that I am liable for all charges for services. I agree to notify this provider immediately whenever I have changes in my health condition or health plan coverage. I understand that my ASH Plans Acupuncture Provider or an ASH Plans Clinical Services Manager may need to contact my PCP if my condition needs to be co-managed. Therefore, I give my authorization to ASH Plans to contact my medical doctor if necessary.

Patient signature: _____ **Date:** _____