

# **Dr. Chun Ming Lin, ND, R.Ph., BCIM, DAAIM, FAAIM**

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## CURRENT HEALTH STATUS/CONCERNS

Please provide us with current and ongoing problems

| Problem                   | Date of Onset | Severity/Frequency | Treatment Approach  | Success          |
|---------------------------|---------------|--------------------|---------------------|------------------|
| <b>Example:</b> Headaches | May 2006      | 2 times per week   | Acupuncture/Aspirin | Mild improvement |
|                           |               |                    |                     |                  |
|                           |               |                    |                     |                  |
|                           |               |                    |                     |                  |
|                           |               |                    |                     |                  |
|                           |               |                    |                     |                  |
|                           |               |                    |                     |                  |

What diagnosis or explanation(s), if any, have been given to you for these concerns?

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\_\_\_\_\_

\_\_\_\_\_

When was the last time that you felt well? \_\_\_\_\_

What seems to trigger your symptoms? \_\_\_\_\_

What seems to worsen your symptoms? \_\_\_\_\_

What seems to make you feel better? \_\_\_\_\_

What physician or other health care provider (including alternative or complimentary practitioners) have you seen for these conditions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much time have you lost from work or school in the past year due to these conditions? \_\_\_\_\_