

# Restorative Acupuncture

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## KIDNEY YIN DEFICIENCY

yes      no

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Do you have lower back weakness, soreness, or pain, or knee problems?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have vaginal dryness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your mid-cycle fertile cervical mucus scanty or missing?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have night sweats?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you prone to hot flashes or feeling heat in your palms, chest and soles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is your cycle usually shorter than 28-32 days?                               | <input type="checkbox"/> | <input type="checkbox"/> |

## KIDNEY YANG DEFICIENCY

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have you been diagnosed with hypothyroidism?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is your low back or knees sore or weak?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are your feet cold and hands cold?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your libido low?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have profuse vaginal discharge?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your cycle last longer than 32 days usually?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you gain weight easily?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been diagnosed with low progesterone levels?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have spotting before you bleed?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have profuse vaginal (odorless) discharge, especially mid-cycle? | <input type="checkbox"/> | <input type="checkbox"/> |

## SPLEEN QI DEFICIENCY

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Are you often fatigued? Too tired to exercise? Feel heavy or sluggish?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is your energy lower after a meal or are you bloated after eating?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have loose stools, abdominal pain, or digestive problems?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are your hands and feet cold? Nose?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you bruise easily?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you think you have poor circulation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you been diagnosed with low blood pressure?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is your menstruation thin, watery, profuse, or pinkish in color?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you ever spot a few days or more before your period comes?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are your menstrual cramps accompanied by a bearing-down sensation in your uterus? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you often sick, or do you have allergies?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you been diagnosed with hypothyroid or anemia?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have hemorrhoids or polyps?  | <input type="checkbox"/> | <input type="checkbox"/> |

## BLOOD DEFICIENCY

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Are your menses scanty and/or late?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have dry skin, hair or nails?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you losing hair on your head (not in patches but all over?)     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you often thirsty?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you always tired and/or mildly depressed?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you bowel movements hard/dry or are you frequently constipated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you need vaginal lubricants?                                     | <input type="checkbox"/> | <input type="checkbox"/> |

## BLOOD STASIS

1. Is your menstrual flow ever brown or black in color? ( ) ( )
2. Do you feel midcycle pain around your ovaries? ( ) ( )
3. Do you have varicose or spider veins? ( ) ( )
4. Does your menstrual blood contain clots? ( ) ( )
5. Have you been diagnosed with endometriosis or uterine fibroids? ( ) ( )
6. Do you have piercing or stabbing menstrual cramps? ( ) ( )
7. Are your periods irregular (varying in length of cycle)? ( ) ( )
8. Have you been diagnosed with any vascular abnormality or blood clotting disorder? ( ) ( )

## LIVER QI STAGNATION

1. Are you prone to emotional depression, anger or rage? ( ) ( )
2. Do you become irritable or bloated premenstrually? Around ovulation? ( ) ( )
3. Are your breasts sensitive/sore at ovulation? premenstrually? ( ) ( )
4. Have you been diagnosed with elevated prolactin levels? ( ) ( )
5. Do you have difficulty falling asleep at night? ( ) ( )
6. Do you commonly experience heartburn or wake up with a bitter taste in your mouth? ( ) ( )
7. Are your menses painful? ( ) ( )
8. Is the menstrual blood thick and dark, or purplish in color? ( ) ( )

## HEART DEFICIENCY

1. Do you wake up early in the morning and have trouble getting back to sleep? ( ) ( )
2. Do you have heart palpitations, especially when anxious? ( ) ( )
3. Do you have nightmares? ( ) ( )
4. Do you feel low in spirit or lacking in vitality? ( ) ( )
5. Are you prone to agitation or extreme restlessness? Do you fidget? ( ) ( )

## EXCESS HEAT

1. Are your mouth and throat usually dry? ( ) ( )
2. Are you thirsty for cold drinks most of the time? ( ) ( )
3. Do you often feel warmer than those around you? ( ) ( )
4. Do you wake up sweating or have hot flashes? ( ) ( )
5. Do you break out with red acne (especially premenstrually)? ( ) ( )
6. Do you have a short menstrual cycle? ( ) ( )
7. Do you commonly have vaginal irritation or rashes? ( ) ( )
8. Is your blood flow during your menses unusually heavy? ( ) ( )

## DAMPNESS

1. Do you feel tired and sluggish after a meal? ( ) ( )
2. Do you have lumps in your breasts? ( ) ( )
3. Do you have cystic or pustular acne? ( ) ( )
4. Do you have urgent, bright, or foul-smelling stools? ( ) ( )
5. Are you prone to yeast infections and vaginal itching? ( ) ( )
6. Do your joints ache, especially with movement? ( ) ( )
7. Are you overweight? ( ) ( )
8. Are your periods irregular or delayed? ( ) ( )
9. Do you have excessive clear, watery vaginal discharge? ( ) ( )

## DAMP HEAT

1. Do you have foul-smelling, yellow, or greenish vaginal discharge? ( ) ( )
2. Are you prone to vaginal and/or rectal itching during your luteal or premenstrual phase? ( ) ( )