



**Dr. Andrea Brisson, D.C. N.D.**  
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## About Me

I have been in healthcare for over 30 years. My vast knowledge of health, healing & rehabilitation brings an eclectic approach to your unique needs. I began my career in Physical Therapy, I hold a Doctorate in Chiropractic, and I am a Nationally Certified Naturopathic Physician with a focus in Functional Medicine. I specialize in holistic protocols that resolve pain and chronic illness.

## Your Appointment

To make the best use of time together in your upcoming appointment, please complete this information about you and your health concerns (This form can be filled out and sent back to me via email. There is not a need to print and complete by hand).

Also, please email to me any relevant diagnostic findings you have available (blood labs, MRI, X-rays etc...).

If you come across a question that does not apply to you, leave it blank.

Return to me via email ([andreabrisson@icloud.com](mailto:andreabrisson@icloud.com)) at least 24 hours prior to your appointment.

Thank you in advance for your assistance.

**It is my honor and pleasure to be a part of your health care solution.**

*Andrea*

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## About You

Name

Nationality

Date of Birth/Age

Occupation

email

WeChat

How long have you been living in Shanghai?

Where did you live prior to living in Shanghai?

Do you have any allergies/sensitivities to medications or supplements?

List the prescription medication/s you are taking, how long you have been taking them, and what you are taking them for.

List the supplements/herbs you are taking, how long you have been taking them, and what you are taking them for.

List of surgery/surgeries you have had:

What is the reason for your visit with me?

Was there a specific trauma, stress, or event that you are aware of that has contributed to your health concern/s?

When was the last time you felt well?

Please provide a timeline of when your health issues began, who you have seen for this concern, what you have tried to resolve this issue, what worked and what didn't work.

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## **Systems Review**

### **Energy/Sleep:**

- How is your energy?
- How is your sleep?
- Do you wake in the morning feeling refreshed and rested?
- Other

### **Emotions/Stress: Do you experience any of the following?**

- Depression
- Difficulty with Focus
- Difficulty with Memory
- Difficulty with Concentration
- Anxiety
- Agitation
- Lack of Interest
- Difficulty Coping/Feeling Overwhelmed
- Fear
- Anger
- Rage
- Do you have specific food/drink cravings?
- Other

**Metabolic Profile: Have you been diagnosed with any of the following?**

- Diabetes?
- Low blood sugar? (Hypoglycemia)
- High blood sugar? (Hyperglycemia)
- Insulin Resistance?
- Pre-Diabetes?
- High cholesterol?
- Low cholesterol?
- High blood pressure?
- Low blood pressure?
- Other

**Endocrine: Do you have any of the following symptoms?**

- Weight loss?
- Weight gain?
- Unable to loose weight?
- Unable to gain weight?
- Weight fluctuations?
- Thinning hair?
- Thinning eyebrows?
- Hair loss?
- Cold intolerance?
- Swelling of hands?
- Swelling of feet?
- Swelling of face?
- Other areas of swelling?
- Fatigue?
- Chronic infections?
- It takes a long time for you to recover from an illness, cold, flu?
- Runny nose?
- Weakness?
- Muscle cramps?
- Joint pain?
- Pins and needles sensation?
- Constipation? (If yes, how many bowel movements do you have per day? Per week?)
- Other

**Endocrine: Have you been diagnosed with any of the following?**

- High thyroid function?
- Low thyroid function?
- High adrenal function?
- Low adrenal function?
- Other

**Women:**

- Are you menstruating?
- If yes, what is the date of the first day (the day you begin to bleed) of your menstrual cycle?
- What is the average length of your cycle? (How many days is your cycle)?
- If you are not menstruating, when did you stop?
- Are you currently taking any form of birth control?
- If yes, what kind?
- If yes, when?
- For how long?
- Have you used birth control in the past?
- If yes, what kind?
- If yes, when?
- For how long?

**Do you have any of the following:**

- PMS?
- Infertility?
- Miscarriage/s?
- Blood clots when menstruating?
- Hot flashes during the day?
- Hot flashes during the night?
- Sweating during the day?
- Sweating during the night?
- Cold sweats during the day?
- Cold sweats during the night?
- Low libido?
- Vaginal dryness
- Yeast infections
- PCOS
- Fibroids
- Endometriosis
- Other

**Neurological/Musculoskeletal: Do you have any of the following symptoms?**

- Pain
- Numbness
- Tingle
- Pins and Needles
- Ache
- Stab
- Headache
- Migraine
- Tics
- Seizure
- Other

**Neurological/Musculoskeletal: Have you been diagnosed with any of the following?**

- ADD
- ADHD
- Autism
- Parkinson's
- Dementia
- Osteoarthritis
- Rheumatoid Arthritis
- Other

**GastroIntestinal: Do you have any of the following symptoms?**

- Stomach Pain
- Heart burn
- Nausea
- Indigestion
- Food sensitivities
- Constipation
- Diarrhea
- Other

**GastroIntestinal: Have you been diagnosed with any of the following?**

- IBS
- Chron's
- Celiac's
- GERD
- Ulcerative Colitis
- Gastric Ulcer
- Peptic Ulcer
- Other

**Skin: Do you have any of the following symptoms?**

- Red spots
- Rashes
- Dryness
- Acne
- Other

**Skin: Have you been diagnosed with any of the following?**

- Eczema
- Psoriasis
- Melanoma
- Cancer
- Other

**Respiratory: Have you been diagnosed with any of the following?**

- Asthma
- Sinusitis
- Bronchitis
- Emphysema
- Pneumonia
- Sleep Apnea
- Other

**Kidney: Have you been diagnosed with any of the following?**

- Kidney Stones
- Gout, Interstitial
- Urinary Track Infections
- Yeast Infections
- Other

**Heart: Have you been diagnosed with any of the following?**

- Heart Attack
- Stroke
- Arrhythmia
- High Blood Pressure
- High Cholesterol
- Other

**Is there anything else you would like to share with me?**