



Patient Information

Name: _____ Today's date: _____

Address: _____ Zip code: _____

Phone number: _____ Email: _____

What is the best way to reach you? Call [] Text [] Email []

Age: _____ Birth date: _____ Marital status: _____ Height: _____ Weight: _____

Emergency contact & phone number: _____ Relationship to you: _____

Is there any possibility you are pregnant? Yes [] No [] N/A []

What is your occupation? _____ Years: _____

How did you hear about our clinic (please be as specific as possible)? _____

Have you had acupuncture before? _____ If yes, for what? _____

What did you like about your previous experience with acupuncture? _____

What did you not like about it? _____

What is the main reason for your visit today? _____

How long have you been dealing with this issue? _____

How does it affect your life? _____

Rate your commitment to resolve this issue (1 minor, 10 major) _____

Known Diagnoses or Health Problems:

Personal Health Goals:
1 _____
2 _____
3 _____

Present/Previous Doctor(s) & Contact info: _____

Date and reason for last healthcare visit: _____

Other practitioners involved in your care (Please list names, phone numbers, and include specialty):

Medical History (Please list or describe and include the date):

Operations or surgery: _____ Head injuries: _____

_____ Hospitalizations: _____

Accidents: _____ Serious illnesses: _____

_____ Do you have a pacemaker? _____

Broken bones: _____ Blood Transfusions: _____

Other things you would like us to know about: _____

Allergies & Sensitivities

Please list any medications or drugs, and any foods or other substances to which you are sensitive or allergic:

Medications & Supplements

List the name, dosage & frequency of all medications you are taking (including over-the-counter & birth control pills):

List any vitamins, herbs, or supplements you are currently taking:

Please circle areas of pain or discomfort on the figure below.
Also number the pain between 1 and 10, with 1 being the least pain, and 10 being the most.

