

# New Patient Intake

date: \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_

DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_\_ Weight/Height \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mobile Ph # \_\_\_\_\_ Other Ph # \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship Status: \_\_\_\_\_ #of Children \_\_\_\_\_

Have you received Acupuncture Before? Yes \_\_\_\_ No \_\_\_\_ Last treated on: \_\_\_\_\_ For: \_\_\_\_\_

Primary physician name and phone \_\_\_\_\_

- What are the main current health problems for which you are seeking acupuncture?
- List any other significant health problems you have currently, or have had previously:
- What other therapies have you tried for your current health concerns? Do they help?
- Have you noticed what makes your symptoms better and what makes them worse? (For example, better or worse with; rest, exercise, specific movements, specific changes in weather, eating, applications of hot or cold, emotions, stress etc.)
- List any injuries, surgeries, hospitalizations or accidents in the last 18 months (with dates):
- Are there any conditions for which you are currently taking medication? If so list the condition and medication:

- List any supplements or herbs you are currently taking and what you are taking them for:

- Do you eat regular meals? Yes \_\_\_\_\_ No \_\_\_\_\_

Give some examples of typical meals:

- How many alcoholic drinks do you have per day / week?
- How many cups of coffee, tea or other caffeinated drinks do you have daily? \_\_\_\_\_
- Do you smoke? \_\_\_\_\_ If so, how many cigarettes daily? \_\_\_\_\_
- How much water do you drink daily? \_\_\_\_\_
- What kind of exercise do you do? How often?
- What do you do to relax? How often?
- When did your last period start (= Day 1 of menstrual cycle)?
- Do you experience cramping?
- How long do you usually bleed for?
- What color is the blood? (bright red, brown, purple)
- Are there clots in the blood?
- Do you have premenstrual symptoms (moodiness, headaches, breast tenderness, water retention, insomnia)?
- How many days are there from Day 1 to the start of the next period (= length of menstrual cycle)?
- Are you currently pregnant or trying to become pregnant?
- What kind of birth control are you using (if any)?
- How many pregnancies have you had? \_\_\_\_\_ How many children do you have? \_\_\_\_\_