

# 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?