

New Patient Information

Name: _____ Today's Date: _____

Date of Birth: _____ Place of Birth: _____ Age: _____

Address: _____ Zip: _____

Phone: _____ Email: _____

It is OK to leave a messages about appointment times (initial here please) X

Gender: _____

Please circle your Marital Status: _____ Single _____ Married _____ Divorced _____ Life Partner _____ Widow/er _____

Date of last check up: _____ Primary Doctor: _____

Main Reasons for seeking Acupuncture: _____

Have you ever had Acupuncture before? _____ If yes, When? _____

Are you nervous about getting Acupuncture? _____

Do you or your immediate family have any of the following (mark all that apply) _____

_____ Me: _____ Family: _____

AIDS/HIV _____

Hepatitis _____

Herpes _____

Heart Disease/pacemaker _____

Diabetes _____

Panic or Seizures _____

Lung Disease _____

Chronic Depression _____

Other (please list) _____

Emergency Contact: _____ Number: _____

How did you hear about me?? _____

All of the above information is true & current X