

NEW PATIENT INTAKE FORM

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Home phone \_\_\_\_\_ work phone \_\_\_\_\_
Emergency contact - Name and phone # \_\_\_\_\_
Referred by \_\_\_\_\_ Email: \_\_\_\_\_

Have you had acupuncture before? Y N Chinese Herbal medicine? Y N
Reason for coming today? \_\_\_\_\_
How long have you had this condition(s)? \_\_\_\_\_
Is it getting worse? Y N Does it bother your sleep? Y N work? Y N other?
What seemed to be the initial cause? \_\_\_\_\_
What seems to make it better? \_\_\_\_\_
What seems to make it worse? \_\_\_\_\_
Are you under the care of a physician? Y N if yes, for what?
Who is your physician \_\_\_\_\_ Physician's phone# \_\_\_\_\_
Other concurrent therapies? \_\_\_\_\_

Health Insurance Info:
Name of carrier \_\_\_\_\_ Policy # \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Medical History

Allergies: \_\_\_\_\_
\_\_\_\_\_ Arteriosclerosis \_\_\_\_\_ Cancer \_\_\_\_\_ Heart Disease \_\_\_\_\_ Seizures
\_\_\_\_\_ Asthma \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Diabetes
\_\_\_\_\_ Alcoholism \_\_\_\_\_ Strokes

Your Past Medical History

\_\_\_ HIV/AIDs \_\_\_ Diabetes \_\_\_ Measles \_\_\_ Stroke \_\_\_ Tuberculosis
\_\_\_ Alcoholism \_\_\_ Emphysema \_\_\_ Mumps Surgery \_\_\_ Typhoid Fever
\_\_\_ Allergies \_\_\_ Epilepsy \_\_\_ Pacemaker \_\_\_ Ulcers
\_\_\_ Appendicitis \_\_\_ Goiter \_\_\_ Pleurisy \_\_\_ Venereal Disease
\_\_\_ Arteriosclerosis \_\_\_ Gout \_\_\_ Pneumonia \_\_\_ Thyroid Disorder \_\_\_ Whooping Cough
\_\_\_ Asthma \_\_\_ Heart Disease \_\_\_ Polio \_\_\_ Major Trauma Other \_\_\_\_\_
\_\_\_ Birth Trauma \_\_\_ Hepatitis \_\_\_ Rheumatic Fever (car, fall, etc)
\_\_\_ Cancer \_\_\_ Herpes \_\_\_ Scarlet Fever
\_\_\_ Chicken Pox \_\_\_ High Blood Pressure
\_\_\_ Seizures

Your Diet

Appetite \_\_\_ high \_\_\_ coffee \_\_\_ Artificial sweetener \_\_\_ salty food
\_\_\_ low \_\_\_ tea \_\_\_ soda \_\_\_ sugar
\_\_\_ Thirst for water
(glasses per day)

Average Daily Menu

Morning Snack Noon Snack Evening Snack
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_