

NEW PATIENT INTAKE FORM:

Patient's name _____

Date of Birth _____

Email _____

Phone _____

Address(optional) _____

Birth gender _____

Identifying gender _____

Guardian _____

Emergency contact _____

1. What are your reason for acupuncture treatment?

2. Have you ever received acupuncture before?

3. If your major issue for acupuncture is pain-related, how is the severity of your pain today 1 - 10?
Where is the pain located? How long have you been experiencing the pain?

4. How is your sleep? How is your digestion/BM?

5. Please list any major illness, accident or surgeries you have.

6. Please list any medication or supplements you take.

7. Please check if you have any of the following in the past year:
 Difficult coping with stress and /or emotions
 Depression / Anxiety
 Are you physically active? Yes No Sometimes
 Do you want support in cutting back on any addictive habits? Yes No

8. Anything else you wish to share: