

# ACUPUNCTURE

Initial Intake Form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Marital Status M \_\_\_\_ S \_\_\_\_ D \_\_\_\_ W \_\_\_\_  
Town \_\_\_\_\_, State \_\_\_\_ Zip \_\_\_\_\_ # of Children \_\_\_\_\_  
Phone(H) \_\_\_\_\_ SS# \_\_\_\_\_  
(O) \_\_\_\_\_ Occupation \_\_\_\_\_  
(C) \_\_\_\_\_ E-mail \_\_\_\_\_  
Physician Name \_\_\_\_\_ Physician Phone# \_\_\_\_\_  
Physician Diagnosis \_\_\_\_\_  
Health Insurance \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Major Complaint

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Ht \_\_\_\_\_ Wt \_\_\_\_\_ Allergies \_\_\_\_\_

Present Medications:

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Hospitalizations: \_\_\_\_\_

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Surgeries: \_\_\_\_\_

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Family Illnesses

Cancer \_\_\_\_ Hepatitis \_\_\_\_  
Diabetes \_\_\_\_ High Blood Pressure \_\_\_\_  
Drug/Alcohol/Tobacco use \_\_\_\_ Seizure \_\_\_\_  
Emotional Problems \_\_\_\_ TB \_\_\_\_  
Heart Disease \_\_\_\_

Women's Health

Menstruation started at \_\_\_\_ years old, stopped at \_\_\_\_ years  
Number of miscarriages \_\_\_\_ Number of abortions \_\_\_\_  
Period can last for \_\_\_\_ days, cycle \_\_\_\_ days, amount \_\_\_\_  
Clots \_\_\_\_\_