NEW PATIENT ACUPUNCTURE INTAKE

Name: ______________________________________ ( ) Male ( ) Female DOB: ____________________

Address: __________________________________ City: _______________ ST: _____ Zip: __________

Email: ___________________________________ Occupation: _________________________________

Emergency Contact/Relationship: ____________________________Phone: _______________________

Have you had acupuncture before? ( ) Yes ( ) No How long ago?: __________________________

Where did you hear about us? ( ) Yelp ( ) Google ( ) Family/friend ( ) Employer ( ) Physician ( ) Other

If your answer is "yes" to any of the following questions, please give details in the space provided.

Pain ( ) yes ( ) no ____
Stress ( ) yes ( ) no ____
Depression ( ) yes ( ) no ____
Sleep Difficulties ( ) yes ( ) no ____
Diabetes ( ) yes ( ) no ____
Headaches ( ) yes ( ) no ____
Arthritis ( ) yes ( ) no ____
High Blood Pressure ( ) yes ( ) no ____
Epilepsy/seizures ( ) yes ( ) no ____
Joint Swelling ( ) yes ( ) no ____
Contagious Disease ( ) yes ( ) no ____
Osteoporosis ( ) yes ( ) no ____
Allergies ( ) yes ( ) no ____
Bruises easily ( ) yes ( ) no ____
Injure in past 2 years ( ) yes ( ) no ____
Surgeries ( ) yes ( ) no ____
Cardiac Problems ( ) yes ( ) no ____
Circulatory Problems ( ) yes ( ) no ____
Sensitive to Touch( ) yes ( ) no ____
Are you pregnant? ( ) yes ( ) no ____
Other medical conditions ( ) yes ( ) no ____

I have read the above information and agree that I am well inform regarding the treatment provided by Lake Medical Center and have had an opportunity to ask questions about them. I also understand that I am responsible to pay all services rendered tome that my insurance carrier does not cover. By signing below, I agree to receive the treatment I understand that my consent covers the entire course of treatment for my present condition and for any future conditions for which I seek treatment from Lake Medical center.

Patient Signature: ____ Date: __________________

Parent or Guardian Signature: ___________________________________ Date: __________________