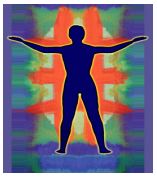

New Patient Intake Form

Name _____ Date_____

Birthday____/_____/____ Age_____ Male / Female (please circle) Ht/Wt_____/_____

Address_____ City, Zip_____

Home Phone_____ Work Phone_____ Cell Number _____

Emergency Contact_____ Occupation _____

Referred by_____ Email _____

Reason for visit today/Chief complaint _____

Have you had acupuncture, chiropractic or complementary medicine before? ☐Yes ☐No

How long have you had this condition? _____ Does it bother your: ☐Sleep ☐Work ☐Other

What seems to make it better? _____ Worse? _____

Are you under the care of a Physician? ☐Yes ☐No Physician's Name _____

Other current Therapies/Medications _____

_____

Family Medical History (please check those that apply)

☐Allergies	☐Arthritis	☐Asthma	☐Alcoholism	☐Cancer_____
☐Diabetes	☐Drug Abuse	☐Epilepsy	☐High Blood Pressure	
☐Heart Disease	☐Kidney Disease	☐Stroke		

Your Past Medical History (please check any of the conditions you currently have or have had in the past)

☐AIDS/HIV	☐Alcoholism	☐Allergies	☐Anemia	☐Appendicitis
☐Asthma	☐Cancer	☐Chicken Pox	☐Diabetes	☐Emphysema
☐Epilepsy	☐Goiter	☐Gout	☐Heart Disease	☐Hepatitis
☐High Blood Pressure	☐ Herpes	☐Measles	☐Multiple Sclerosis	☐Mumps
☐Nephritis	☐Pacemaker	☐Pneumonia	☐Rheumatic Fever	☐Scarlet Fever
☐Stroke	☐Thyroid Dysfunction	☐Tuberculosis	☐Ulcers	☐GI Disorders
☐Surgery				_____
_____				_____
_____				
_____				

Injuries

☐Broken Bones ☐Concussion or Head Injury ☐Sprains ☐Loss of Consciousness

Please explain _____

Lifestyle

☐Alcohol	☐Tobacco	☐Drugs	☐Stress	☐Occupational Hazards
☐Caffeine- cups/day_____		☐Regular Exercise		
		Type_____		
		Frequency_____		

General Symptoms

☐Poor appetite ☐Poor sleep ☐Chills ☐Bodily heaviness ☐Bleed or bruise easily
☐Heavy appetite ☐Heavy sleep ☐Night sweats ☐Cold hands/feet ☐Peculiar taste (describe)
☐Poor circulation ☐Fatigue ☐Lack of strength ☐Dream disturbed sleep _____
☐Shortness of breath ☐Weight loss/gain ☐Fever ☐Muscle cramps ☐Vertigo or dizziness

Head, Eyes, Ears, Nose, Throat

☐Glasses ☐Eye strain ☐Red eyes ☐Itchy eyes ☐Poor vision
☐Night blindness ☐Glaucoma ☐Blurred vision ☐Cataracts ☐Light sensitivity
☐Teeth problems ☐Grinding teeth ☐TMJ ☐Facial pain ☐Gum problems
☐Dry mouth ☐Excessive saliva ☐Sinus problems ☐Excessive phlegm ☐Recurring sore throat
☐Lumps in throat ☐Enlarged thyroid ☐Nose bleeds ☐Ringing in ears ☐Poor hearing
☐Headaches ☐Migraines ☐Memory loss ☐Fainting ☐Earaches
- ☐Sinus
- ☐Entire head
- ☐Back of head
- ☐Forehead
- ☐Temples
- ☐Migraine

Respiratory

☐Tight chest ☐Cough ☐Coughing blood ☐Shortness of breath ☐Difficulty breathing when lying down
☐Asthma/wheezing ☐Pneumonia

Cardiovascular

☐High blood pressure ☐Low blood pressure ☐Heart palpitations ☐Irregular heartbeat ☐Blood clots
☐Chest pain ☐Pain around ribs ☐Recent stroke ☐Recent Heart Attack

Gastrointestinal

☐Nausea ☐Vomiting ☐Acid reflux ☐Gas ☐Hiccups
☐Bloating ☐Bad breath ☐Diarrhea ☐Constipation ☐Laxative use
☐Black stool ☐Bloody stool ☐Mucus in stool ☐Itchy anus ☐Intestinal pain/cramps
☐Hemorrhoids ☐Bowel movements: Frequency_____ Color_____ Consistency_____

Musculoskeletal

☐Neck/shoulder pain ☐Low back pain ☐Upper back pain ☐Muscle pain ☐Rib pain
☐Joint pain ☐Arthritis ☐Limited use ☐Limited Range of motion
☐Other- describe

Skin and Hair

☐Rashes ☐Eczema ☐Dandruff ☐Changes in hair/skin ☐Psoriasis
☐Hives ☐Ulcerations ☐Itching ☐Hair loss ☐Fungal infection

Neuropsychological

☐Seizures ☐Numbness ☐Tics ☐Poor memory ☐Depression
☐Anxiety ☐Irritability ☐Easily stressed ☐Abuse survivor ☐Suicide attempts
☐Seeking a therapist ☐Other_____

Genito-Urinary

☐Painful urination ☐Blood in urine ☐Venereal disease ☐Increased libido ☐Decreased libido
☐Frequent urination ☐Unable to hold urine ☐Bedwetting ☐Impotence ☐Premature ejaculation
☐Urgent urination ☐Incomplete urination ☐Wake to urinate ☐Kidney stone ☐Prostate enlargement

Gynecology

☐Age menses began _____ ☐Duration of flow _____ ☐Vaginal Sores ☐Irregular periods ☐Vaginal ulcers ☐Cramping ☐Breast lumps ☐PMS
☐Hysterectomy ☐Menopause ☐Tumors ☐Pregnancy_____ ☐Infertility
☐Are you or do you think you are pregnant