

**Black Sheep Community Acupuncture, LLC**  
 8441 Belair Rd #102 • Nottingham, MD 21236 • 443.900.2378  
**Health History Questionnaire & Registration Form**

PATIENT INFORMATION	CONTACT INFORMATION
Date _____ Name _____ Address _____ City State Zip _____ Age _____ Birthdate _____ Preferred Pronoun _____ Occupation _____ Company name _____ Primary physician _____ How did you hear about us? _____	Cell phone _____ Home phone _____ Work phone _____ Email _____  Another person we may contact if needed: Name _____ Relationship _____ Cell phone _____ Home phone _____
HEALTH HISTORY	BCSA POLICIES
What are 3 symptoms you would like to resolve? 1- _____ 2 - _____ 3 - _____  How is your sleep? _____ _____  How is your digestion? _____ _____  List medications or food supplements you are taking. _____ _____ _____ _____  List other important medical information such as serious illnesses, accidents or surgeries. (If pregnant, please indicate that here) _____ _____ _____ _____	All payments are due at the time of service.  We accept cash, checks, Visa, MasterCard & Discover.  If you need a receipt, please ask for one on the day of service. We do not provide back dated receipts or yearly statements.  We do not provide primary care medicine. If you have an issue such as a serious infection, deep depression, or a wound that won't heal, we encourage you to see a physician in addition to getting acupuncture.  Please do not walk barefoot in the clinic. Though very rare, sometimes needles find their way to the floor.  Always, always, double check that your acupuncturist has taken out all the needles before getting up to leave.  There is a \$10 fee for any appointments that are cancelled or missed with less than 24 hour notice. Emergencies are exempted.

Signature \_\_\_\_\_ Date \_\_\_\_\_