

Marcus Smith Acupuncture – New Patient Intake Form

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid Initial \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email: \_\_\_\_\_

SS# (for submitting health insurance claims) \_\_\_\_\_

Emergency Contact and their Phone Number: \_\_\_\_\_

Referred to our office by: \_\_\_\_\_

**We often send appointment reminders to our patients via mobile phone text message. If you prefer NOT to receive reminders via mobile phone test message, please initial here:** \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

Name and phone number of your primary physician: \_\_\_\_\_

Please list the main health issue(s) for which you are seeking help and how long you have been dealing with it:

\_\_\_\_\_  
\_\_\_\_\_

Is it getting better? \_\_\_\_ Worse? \_\_\_\_ What makes it better? \_\_\_\_\_ Worse? \_\_\_\_\_

Describe all treatment you are currently receiving (or have received for this issue(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all medications, supplements/vitamins you are currently taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all surgeries, hospitalizations and major injuries (with dates): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all other medical conditions for which you are receiving treatment or for which you are taking medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Medical History: (indicate family members, including yourself, who have had any of the following):

Heart Disease \_\_\_\_\_ Cancer \_\_\_\_\_

Diabetes \_\_\_\_\_ Other \_\_\_\_\_

Do you wear a pace-maker or other implanted device? \_\_\_\_ Describe: \_\_\_\_\_

Have you ever received acupuncture? \_\_\_\_\_ When and for what issue? \_\_\_\_\_

