Confidential Patient Information Sheet

Patient Information

Name ________________________ SSN________________ Date____________

Address________________________ City____________________State __________

Zip________ Home Phone______________ Work Phone ______________ Cell ____________

Email ______________________ Have you had acupuncture before? ☐ Yes ☐ No

Height______ Weight_______ Age ________ Sex: ☐ Male ☐ Female Date of Birth ____________

Occupation ________________________ Employer ____________________

In case of emergency, notify (name): __________________ Emergency Phone ____________

Marital Status: ☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widowed ☐ Separated

Number of Children: ________ Ages of children: __________ Number who live with you: ________

Others living with you: ____

Primary Care Doctor ______________________ Last seen: ____________________

How did you hear about us: ☐ Internet ☐ Yellow Pages ☐ Seminar ☐ Word of mouth ☐ Brochure

☐ Business Card ☐ Website ☐ Newpaper ☐ Referred by: __________________

Medical History

Reason for your visit here today ____

____

Are you being treated for this condition by anyone else? ☐ Yes ☐ No

If Yes, who? ______________________________ Phone Number ______________

Has this condition been diagnosed by an MD? ☐ Yes (Diagnosis: __________________) ☐ No

Have these treatments helped? ☐ Yes ☐ Somewhat ☐ Not much ☐ Not at all

How does this condition affect you? ______________________________________

How long have you had this condition? ____________________________________

Do you currently have any infectious diseases? ☐ Yes ☐ No ☐ Possibly

If Yes, please identify: ☐ HIV+ ☐ Hepatitis B ☐ Hepatitis C ☐ Flu/Cold ☐ Streptococcus

☐ Mononucleosis ☐ Tuberculosis ☐ Other: __________________

Known or suspected allergies: ____

Childhood diseases you have had: ☐ Chicken Pox ☐ Measles ☐ Mumps ☐ Rheumatic Fever

☐ Diptheria ☐ Scarlet Fever ☐ Other __________________

Physical or Emotional Traumas/Accidents/Hospitalizations/Surgeries in the past 10 years

Reason Date/Year(s)

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