Mila Zimmerman Acupuncture, Inc.

1410 Incarnation Dr., Ste 205 C

434-906-3159

Name: _____ Age:_____ Date: _____

Known Allergies:

Environmental: _____

Drug/FoodAllergy:_____

_____

Alcohol Allergy: Y/N Anaphylactic Reaction: Y/N

Metal Allergy: Y/N Current Mold Exposure: Y/N

Adhesive Allergy: Y/N

Do you eat the following (check all that apply):

Beef:____ Pork:____ Lamb:____ Venison:____ Gelatin Capsules:____

Dairy Products:____ Collagen Supplements:____

Current Allergies/Health Concerns Date Issue Started:

1._____

2._____

3._____

4._____

5._____

6._____

Describe Symptoms of Each Allergy:

_____

_____

_____

_____

_____

_____
_____

Treatment(s) received for your current conditions/symptoms:

_____
_____
_____
_____
_____

List all current medications:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____