SOUTHSIDE COMMUNITY ACUPUNCTURE, LLC
8730 Stony Point PKWY, Suite 270 Richmond, VA 23236
804-433-8558 info@southsidecommunityacupuncture.com

Patient Information	**Contact Information**
Date_____	Best Phone_____
Name_____	Email_____
Address_____	Email Newsletter Signup ☐ Yes ☐ No
City State Zip_____	Emergency Contact: _____
Age_____ Birthdate_____/_____/_____	Relationship_____
Sex_____	Phone_____
Preferred Pronoun: She He *other*_____	How did you hear about us?_____
Occupation_____	_____
Primary Physician_____	Are you new to Acupuncture? Yes_____ No_____

Health History

What is your primary concerns/complaints?

1)_____

Onset_____Severity_____

2)_____

Onset_____Severity_____

3)_____

Onset_____Severity_____

How is your sleep? _____

How would you describe your energy level?

_____

How is your Digestion? _____

_____

Medications, supplements, herbs: _____

_____

_____

Are you taking blood thinners? Yes_____ No_____

List serious accidents or surgeries_____

_____

_____

_____

Are you pregnant? Yes_____ No_____

Check conditions you have now or have had in the past:

☐ HIV+AIDS ☐ Anemia
☐ Arthritis ☐ Asthma
☐ Cancer_____
☐ Autoimmune Disorder_____
☐ Bleeding Disorder
☐ Diabetes I ☐ Diabetes II
☐ Heart Disease ☐ Hepatitis B ☐ Hepatitis C
☐ High Blood Pressure
Controlled? ☐ Yes ☐ Not Sure
☐ Pacemaker ☐ Stroke
☐ Prostate Issue ☐ Erectile dysfunction
☐ Low Libido ☐ Hemorrhoids
☐ Herpes ☐ PMS
☐ Fibroids ☐ Miscarriage
☐ Meno / Perimenopause symptoms_____
_____
☐ Severe Allergies_____

Anything else you would like us to know? Use the back if you need more space: _____

_____

_____

_____

Acupuncturist's Notes
T:
P: