This is a confidential questionnaire that will help us to determine the optimal treatment plan specific to your needs. If you have any questions or concerns, please do not hesitate to ask us. Thank you.

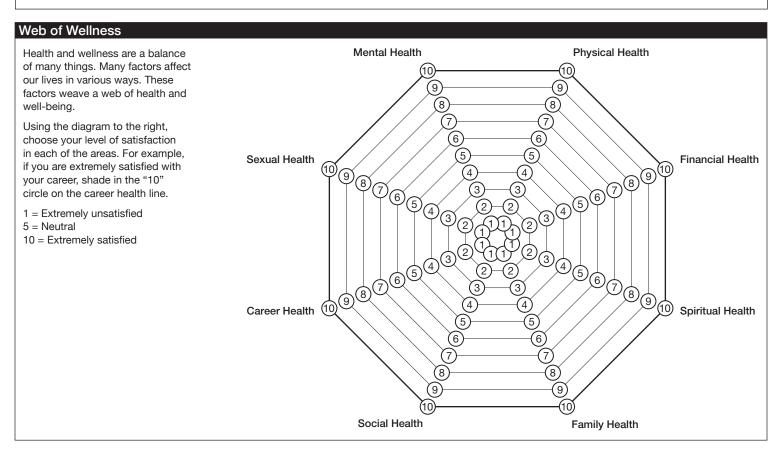
New Patient Intake

Patient Name Date

General Information							
Address		City				State	
Home Phone	Phone		Occupation		Zip		
Work Phone Mobile Phon	ne	SS# E		Date of	Date of Birth		
Email Address							
We value your privacy and from time to time we send out email, te communication updates, some may be very important and timely,		Emails Texts Mail	☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No			
Emergency Contact			hip	Phone			
Have you had Acupuncture or Oriental medicine before? ☐ Yes ☐ No		Family Physician			Phone		
What was your experience? ☐ Very good ☐ Good ☐ No change		☐ Married ☐ Partr		☐ Partner	☐ Divorced	☐ Widowed	☐ Single
Are you presently under a doctor's care? ☐ Yes ☐ No	Who and what for?						
Are there any other therapies which you are involved in?	☐ Yes ☐ No Who ar	nd what for?					
Insurance Information							
Insurance Company	Pho	one			Date (Called	
ID#	Co-Pa	Pay \$ Covered %					
Visit #	Deductible Amount						
Contact Name	Referral □ Yes □ No						
_	_						
Focus What is the primary reason for seeking care at our office?							
What was the initial cause?							
When did it begin?							
What makes it worse?							
What makes it better?							
How does this problem interfere with your daily activities?	P ☐ Work ☐ Sleep ☐ Walking ☐ Sitting	☐ Standing ☐ Emotions ☐ Relations ☐ Social Li	al ships	☐ Sexu ☐ Recre ☐ Benc ☐ Stret	eation ling	☐ Other	
What have you done about this?							
Are you interested in:	☐ Pain Relief ☐ Preventative Care ☐ Oriental Nutrition	☐ Holistic I☐ Stretchir☐ Maintena	ng/Yoga		s Relief al Therapy	□ Other	
What are your health goals?							
List any past or future surgeries:							
List any significant trauma & when it occurred (e.g. auto accident, falls, emotional, sexual, etc.):							
List exercise and sport activities you have been or are currently involved in:							

Medical History					
De la lacación allacción o	□ Var. □ Na. Kaa la la	-10			
	00 you have any allergies? Yes No If so, to what?				
Do you take medication?	o you take medication?				
Do you take supplements?					
Please indicate if you or any	family members have or had ar	y of the following conditions:			
☐ Pneumonia	☐ Drug reaction	☐ Mental breakdown	☐ Gonorrhea/Herpes	☐ Mental illness	
☐ Tuberculosis	☐ Heart attack	☐ Jaundice	☐ HIV/AIDS	☐ Hypo/hyper thyroid	
☐ Hepatitis	☐ Blood transfusion	☐ Parasites	☐ High/low blood pressure	☐ Premature graying	
☐ Diabetes	☐ Anemia	☐ Measles	☐ Heart disease	☐ Seizures	
☐ Epilepsy	☐ Arthritis	☐ Mumps	☐ Gout	☐ Multiple Sclerosis	
☐ Kidney Stone	☐ Obesity	☐ Syphilis	☐ Cancer		
Do you sleep well? ☐ Yes I	□ No	Do you dream? ☐ Yes ☐	No		
Do you have a high point dur	ing the day? ☐ Yes ☐ No	When? Do you have	a low point during the day? \square	Yes □ No When?	
What are your indulgences?					
What are your hobbies/pleas	ures?				
Female Concerns					
Date of last menstruation		Is your cycle regular?] Yes □ No Is your cy	rcle painful? ☐ Yes ☐ No	
Have you ever been pregnan	t? □ Yes □ No	— Birth control? ☐] Yes □ No How long?		
			Tion in the tion i		
☐ PMS ☐ Clotting ☐ Vaç	ginal sores Vaginal pain	Discharge	Other		
Male Concerns					
Male Concerns ☐ Testicle pain ☐ Penis pai	n □ Penis sores □ Dischar	ge ☐ Premature ejaculation	☐ Nocturnal emission ☐ I	mpotence	
	n □ Penis sores □ Dischar	ge ☐ Premature ejaculation	☐ Nocturnal emission ☐ I	mpotence	
	n □ Penis sores □ Dischar	ge		mpotence	
☐ Testicle pain ☐ Penis pai Signs/Symptoms			Other		
☐ Testicle pain ☐ Penis pai	☐ Coughing blood	☐ Hemorrhoids	Other	☐ Sinus pressure	
☐ Testicle pain ☐ Penis pai Signs/Symptoms ☐ Abdominal pain/distention	☐ Coughing blood☐ Dark stools	☐ Hemorrhoids ☐ Heart palpitations	Other Muscle cramps/pain Nasal congestion	☐ Sinus pressure ☐ Skin fungal infection	
☐ Testicle pain ☐ Penis pai Signs/Symptoms ☐ Abdominal pain/distention ☐ Abuse survivor	☐ Coughing blood ☐ Dark stools ☐ Decreased libido	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup	Other Muscle cramps/pain Nasal congestion Neck/shoulder pain	☐ Sinus pressure ☐ Skin fungal infection ☐ Spots in eyes	
☐ Testicle pain ☐ Penis pai Signs/Symptoms ☐ Abdominal pain/distention ☐ Abuse survivor ☐ Acid regurgitation	☐ Coughing blood ☐ Dark stools ☐ Decreased libido ☐ Depression	☐ Hemorrhoids☐ Heart palpitations☐ Hiccup☐ High blood pressure	Other Muscle cramps/pain Nasal congestion Neck/shoulder pain Night sweat	☐ Sinus pressure ☐ Skin fungal infection ☐ Spots in eyes ☐ Sweat easily	
☐ Testicle pain ☐ Penis pai Signs/Symptoms ☐ Abdominal pain/distention ☐ Abuse survivor ☐ Acid regurgitation ☐ Acne	☐ Coughing blood ☐ Dark stools ☐ Decreased libido ☐ Depression ☐ Dizziness/vertigo	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido	Other Muscle cramps/pain Nasal congestion Neck/shoulder pain Night sweat Nose bleeds	☐ Sinus pressure ☐ Skin fungal infection ☐ Spots in eyes ☐ Sweat easily ☐ Sore throat	
☐ Testicle pain ☐ Penis pai Signs/Symptoms ☐ Abdominal pain/distention ☐ Abuse survivor ☐ Acid regurgitation ☐ Acne ☐ Asthma	 □ Coughing blood □ Dark stools □ Decreased libido □ Depression □ Dizziness/vertigo □ Dry throat/mouth 	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion	Other	☐ Sinus pressure ☐ Skin fungal infection ☐ Spots in eyes ☐ Sweat easily ☐ Sore throat ☐ Sudden energy drop	
☐ Testicle pain ☐ Penis pai Signs/Symptoms ☐ Abdominal pain/distention ☐ Abuse survivor ☐ Acid regurgitation ☐ Acne ☐ Asthma ☐ Bad breath	☐ Coughing blood ☐ Dark stools ☐ Decreased libido ☐ Depression ☐ Dizziness/vertigo ☐ Dry throat/mouth ☐ Diarrhea	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps	Other Muscle cramps/pain Nasal congestion Neck/shoulder pain Night sweat Nose bleeds Numbness Odorous stools	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands	
□ Testicle pain □ Penis pai Signs/Symptoms □ Abdominal pain/distention □ Abuse survivor □ Acid regurgitation □ Acne □ Asthma □ Bad breath □ Blood in stools	□ Coughing blood □ Dark stools □ Decreased libido □ Depression □ Dizziness/vertigo □ Dry throat/mouth □ Diarrhea □ Ear aches	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable	Other	☐ Sinus pressure ☐ Skin fungal infection ☐ Spots in eyes ☐ Sweat easily ☐ Sore throat ☐ Sudden energy drop ☐ Swollen glands ☐ Teeth/gum problems	
□ Testicle pain □ Penis pai Signs/Symptoms □ Abdominal pain/distention □ Abuse survivor □ Acid regurgitation □ Acne □ Asthma □ Bad breath □ Blood in stools □ Blood in urine	Coughing blood Dark stools Decreased libido Depression Dizziness/vertigo Dry throat/mouth Diarrhea Ear aches Enlarged thyroid	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems	
□ Testicle pain □ Penis pai Signs/Symptoms □ Abdominal pain/distention □ Abuse survivor □ Acid regurgitation □ Acne □ Asthma □ Bad breath □ Blood in stools □ Blood in urine □ Blurry vision	□ Coughing blood □ Dark stools □ Decreased libido □ Depression □ Dizziness/vertigo □ Dry throat/mouth □ Diarrhea □ Ear aches □ Enlarged thyroid □ Eye pain/strain/tension	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin	Other	☐ Sinus pressure ☐ Skin fungal infection ☐ Spots in eyes ☐ Sweat easily ☐ Sore throat ☐ Sudden energy drop ☐ Swollen glands ☐ Teeth/gum problems ☐ Ulcerations ☐ Upper back pain	
Signs/Symptoms Abdominal pain/distention Abuse survivor Acid regurgitation Acne Asthma Bad breath Blood in stools Blood in urine Blurry vision Breast lump/pain	Coughing blood Dark stools Decreased libido Depression Dizziness/vertigo Dry throat/mouth Diarrhea Ear aches Enlarged thyroid Eye pain/strain/tension Excessive phlegm	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin ☐ Joint pain	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems Ulcerations Upper back pain Urgent urination	
Signs/Symptoms Abdominal pain/distention Abuse survivor Acid regurgitation Asthma Bad breath Blood in stools Blood in urine Blurry vision Breast lump/pain Bruise easily	□ Coughing blood □ Dark stools □ Decreased libido □ Depression □ Dizziness/vertigo □ Dry throat/mouth □ Diarrhea □ Ear aches □ Enlarged thyroid □ Eye pain/strain/tension □ Excessive phlegm Color of	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin ☐ Joint pain ☐ Kidney stones	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems Ulcerations Upper back pain Urgent urination Vomiting	
Signs/Symptoms □ Abdominal pain/distention □ Abuse survivor □ Acid regurgitation □ Acne □ Asthma □ Bad breath □ Blood in stools □ Blurry vision □ Breast lump/pain □ Bruise easily □ Chest pains	Coughing blood Dark stools Decreased libido Depression Dizziness/vertigo Dry throat/mouth Diarrhea Ear aches Enlarged thyroid Eye pain/strain/tension Excessive phlegm Color of Excessive saliva	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin ☐ Joint pain ☐ Kidney stones ☐ Laxative use	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems Ulcerations Upper back pain Urgent urination Vomiting Wake to urinate	
Signs/Symptoms Abdominal pain/distention Abuse survivor Acid regurgitation Acne Asthma Blood in stools Blood in urine Blurry vision Breast lump/pain Bruise easily Chest pains Chills	Coughing blood Dark stools Decreased libido Depression Dizziness/vertigo Dry throat/mouth Diarrhea Ear aches Enlarged thyroid Eye pain/strain/tension Excessive phlegm Color of Excessive saliva Fatigue	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin ☐ Joint pain ☐ Kidney stones ☐ Laxative use ☐ Limited range of motion	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems Ulcerations Upper back pain Urgent urination Vomiting Wake to urinate Weight loss/gain	
Signs/Symptoms Abdominal pain/distention Abuse survivor Acid regurgitation Acne Asthma Bad breath Blood in stools Blood in urine Blurry vision Breast lump/pain Bruise easily Chest pains Chills Cold hands/feet	Coughing blood Dark stools Decreased libido Depression Dizziness/vertigo Dry throat/mouth Diarrhea Ear aches Enlarged thyroid Eye pain/strain/tension Excessive phlegm Color of Excessive saliva Fatigue Fever	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin ☐ Joint pain ☐ Kidney stones ☐ Laxative use ☐ Limited range of motion ☐ Loss of hair	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems Ulcerations Upper back pain Urgent urination Vomiting Wake to urinate Weight loss/gain Wheezing	
Signs/Symptoms Abdominal pain/distention Abuse survivor Acid regurgitation Acne Asthma Blood in stools Blood in urine Blurry vision Breast lump/pain Bruise easily Chest pains Chills Cold hands/feet Concussion	Coughing blood Dark stools Decreased libido Depression Dizziness/vertigo Dry throat/mouth Diarrhea Ear aches Enlarged thyroid Eye pain/strain/tension Excessive phlegm Color of Excessive saliva Fatigue Fever Frequent urination	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin ☐ Joint pain ☐ Kidney stones ☐ Laxative use ☐ Limited range of motion ☐ Loss of hair ☐ Low back pain	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems Ulcerations Upper back pain Urgent urination Vomiting Wake to urinate Weight loss/gain	
Signs/Symptoms Abdominal pain/distention Abuse survivor Acid regurgitation Acne Asthma Bad breath Blood in stools Blood in urine Blurry vision Breast lump/pain Bruise easily Chest pains Chills Cold hands/feet	Coughing blood Dark stools Decreased libido Depression Dizziness/vertigo Dry throat/mouth Diarrhea Ear aches Enlarged thyroid Eye pain/strain/tension Excessive phlegm Color of Excessive saliva Fatigue Fever	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin ☐ Joint pain ☐ Kidney stones ☐ Laxative use ☐ Limited range of motion ☐ Loss of hair	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems Ulcerations Upper back pain Urgent urination Vomiting Wake to urinate Weight loss/gain Wheezing	
Signs/Symptoms Abdominal pain/distention Abuse survivor Acid regurgitation Acne Asthma Blood in stools Blood in urine Blurry vision Breast lump/pain Bruise easily Chest pains Chills Cold hands/feet Concussion	Coughing blood Dark stools Decreased libido Depression Dizziness/vertigo Dry throat/mouth Diarrhea Ear aches Enlarged thyroid Eye pain/strain/tension Excessive phlegm Color of Excessive saliva Fatigue Fever Frequent urination	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin ☐ Joint pain ☐ Kidney stones ☐ Laxative use ☐ Limited range of motion ☐ Loss of hair ☐ Low back pain ☐ Migraine ☐ Mouth sores	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems Ulcerations Upper back pain Urgent urination Vomiting Wake to urinate Weight loss/gain Wheezing	
Signs/Symptoms Abdominal pain/distention Abuse survivor Acid regurgitation Acne Asthma Bad breath Blood in stools Blood in urine Blurry vision Breast lump/pain Bruise easily Chest pains Chills Cold hands/feet Concussion Confusion	Coughing blood Dark stools Decreased libido Depression Dizziness/vertigo Dry throat/mouth Diarrhea Ear aches Enlarged thyroid Eye pain/strain/tension Excessive phlegm Color of Excessive saliva Fatigue Fever Frequent urination Gas/belching	☐ Hemorrhoids ☐ Heart palpitations ☐ Hiccup ☐ High blood pressure ☐ Increased libido ☐ Indigestion ☐ Intestinal pain/cramps ☐ Irritable ☐ Itchy eyes ☐ Itchy skin ☐ Joint pain ☐ Kidney stones ☐ Laxative use ☐ Limited range of motion ☐ Loss of hair ☐ Low back pain ☐ Migraine	Other	Sinus pressure Skin fungal infection Spots in eyes Sweat easily Sore throat Sudden energy drop Swollen glands Teeth/gum problems Ulcerations Upper back pain Urgent urination Vomiting Wake to urinate Weight loss/gain Wheezing	

Pain							
	nd pain key to the right to indicate are w to indicate pain intensity and limitat	,, ,					
Pain intensity leve	els) 🛔 (
☐ No Pain	☐ Moderate pain ☐ Severe pain	☐ Terrible pain			\)
Sleeping			}	$\mathcal{L} \circ \{\} \circ \mathcal{L}$)		
☐ No problem	☐ Disturbed ☐ Very disturbed	☐ Cannot sleep					
Work - Can do:						()	'\
☐ Usual work	☐ 50% of work ☐ 25% of work	☐ No work	ا ا				\
Frequency of pain	ı		G(1)		(A)		6
☐ 25% of time	\square 50% of time \square 75% of time	☐ 100% of time	UW	\	MM M	V / /	MM
Travel				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
☐ No problem	☐ Moderate pain on trips	☐ Severe pain		\r\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Recreation - Can	do:			() (/)		()()	
☐ All activities	☐ Some activities	☐ No activities		\\() //			
Walking				} }{ \		1001	
☐ Can walk fine	☐ Pain after 1/2 mile	☐ Cannot walk		En July			
Sitting					Pain Key	-	
☐ No pain sitting	\square Some pain while sitting	☐ Cannot sit	Ache	Numbness	Pins & Needles	Burning Stabb	-
			^ ^ ^ ^	====	0000	XXXX ///	//



Commitment On a scale from 1-10, how committed are you to correcting your problem(s)? not committed 1 2 3 4 5 6 7 8 9 10 very committed

Terms of Acceptance

Acupuncture is an effective form of health care that has evolved into a complete and holistic medical system. Acupuncturists and practitioners of Traditional Chinese Medicine (TCM) use this non-invasive healing modality to help millions of people get well and stay healthy.

When a patient seeks Acupuncture care and is accepted as a patient for such care, it is essential for both patient and Acupuncturist to be working toward the same objectives in order to prevent any confusion or disappointment.

The main objective of Acupuncture is to determine where there are imbalances in the body as they relate to TCM. When the flow of Qi (the vital energy that flows throughout the body) is disrupted, illness and disease may occur. An imbalance in any of the 14 main Meridian channels causes an alteration in the flow of Qi through the body. This can result in a lessening of the body's innate ability to heal itself and express maximum health potential.

Once imbalances are detected, various treatment modalities may be employed to correct these imbalances. Any health condition(s) or disease(s) presented by the patient will be treated according to TCM only and treatment will relate only to the quantity, quality and balance of Qi.

The ONLY practice objective is to detect and correct imbalances within Meridian channels using Acupuncture and TCM techniques.

Patients will be advised if a non-Acupuncture related or otherwise unusual finding is encountered during the course of an Acupuncture examination. If advice, diagnosis or treatment of those findings is desired, patients will be referred to a qualified health care professional.

qualified health care professional.				
I,, have read and fully u	understand the above statements.			
All questions regarding the acupuncturist's objectives per complete satisfaction. I therefore accept Acupuncture ca	rtaining to my care in this office have been answered to my re under these terms.			
Signature	Date			