WellSpring
Community Acupuncture

Please help us provide you with a complete evaluation by taking the time to fill out this questionnaire carefully. All answers are confidential. Please print clearly in ink.

Name: _____ Date: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Sex: M _____ F _____ T _____ Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Occupation: _____

___Active ___On Feet ___Desk ___Computer ___Physical ___Bending

___Lifting ___Other _____

Referred by/How did you hear about us?: _____

Emergency Contact — Name: _____

Emergency Contact — Phone: _____

Reason for visit today: _____

When did this condition develop? _____

What makes it worse? _____

What makes it better? _____

Does it bother your: _____Sleep _____ Work _____ Other (what?) _____

Have you ever been treated with acupuncture and/or Chinese medicine before?

Yes No

Please list any medications you are currently taking: _____

_____

_____

Please list any surgeries and dates: _____

_____

_____

Please list any significant traumas (physical or emotional): _____

_____

Please list any allergies: _____

_____

Your PAST Medical History/Illnesses (check all that apply):

__ Alcoholism __ Cancer __ Diabetes __ Gallstones __ Hepatitis __ Kidney Stones

__ Kidney Disease __ Stroke __ Drug Addiction __ Asthma __ Heart Disease

__ Seizures __ High Blood Pressure __ Pneumonia __ Rheumatic Fever

You now: __ Pregnant __ Pacemaker __ HIV/AIDS __Hepatitis __ Blood transfusions

Date of last physical examination: _____

Name and address of physician: _____

_____

Phone number of physician: _____

Personal Lifestyle Habits:

Cigarettes: _____ Coffee/Tea: _____ Alcohol: _____

Marijuana: _____ Other recreational drugs: _____

Vitamins & herbs: _____

_____

Dietary restrictions: _____

Food cravings: _____

Diet: What might you eat on a typical day?

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Exercise: _____

What non-work activities or hobbies do you enjoy doing? (reading, TV, meditation, music, etc.)

_____

_____