GRAYS HARBOR
Community Acupuncture

403 W State Street, Suite 102, Aberdeen, WA 98520
Fax (800) 549-6169, **(360) 589-7148**

NEW PATIENT INTAKE FORM

Today's Date _____

Name: _____ Prefer to be called _____
Date of Birth: _____ Gender: ☐ Female ☐ Male
Address: _____
City: _____ State: _____ Zip: _____
Phone Number (cell/home/other): _____
E-mail: _____ Are you currently pregnant? ☐ Yes ☐ No
Reason for today's visit: _____
☐ Yes, I have been treated with Acupuncture before. Date of last treatment: _____
Who do we thank for referring us to you? _____

Personal Health History (Please check if any of the following apply)

☐ Autoimmune Disease ☐ Multiple Sclerosis ☐ Hernia
☐ Epilepsy/Seizure Disorder ☐ Chronic Fatigue / Fibromyalgia ☐ Kidney Stones or Disease
☐ Allergies: _____ ☐ Thyroid Disease ☐ Asthma
☐ Endocrine Disorder ☐ Stroke / CVA / TIA ☐ Diabetes
☐ Cancer: _____ ☐ Heart Attack / Heart Disease ☐ Liver Disease/Hepatitis
☐ Major Surgeries (list with approx. dates): _____
☐ Others: _____

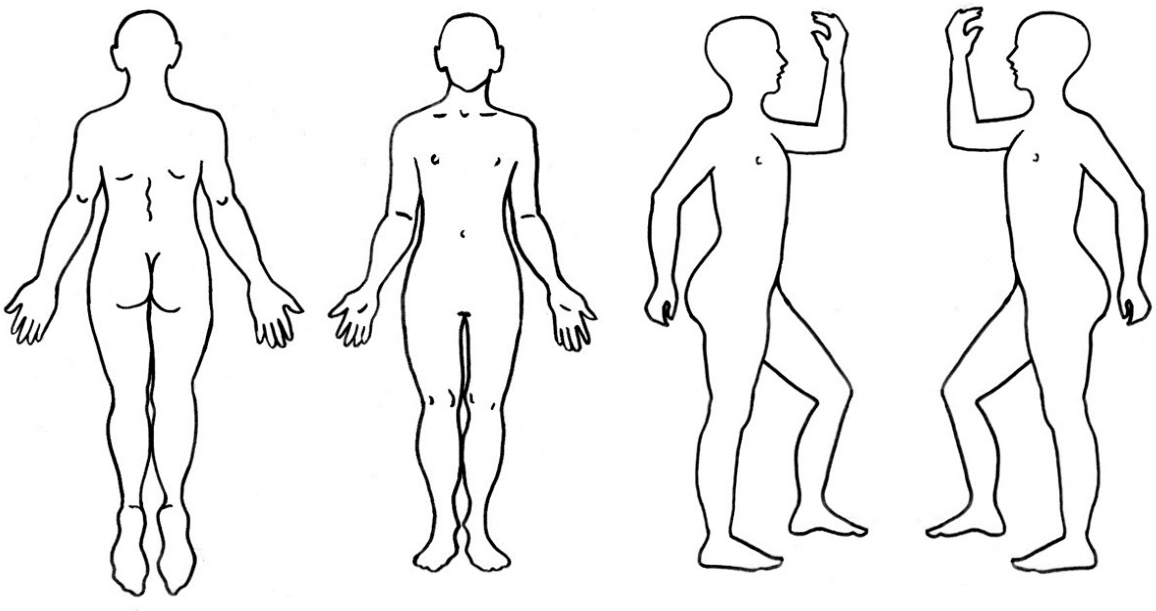
Current Symptoms (Please check if any of the following apply)

☐ Headaches ☐ Excess/Lack of Thirst ☐ Weight Gain or Loss
☐ Poor Mobility/Flexibility ☐ Sinus Pain/Problems ☐ Stress
☐ Constipation/Diarrhea ☐ Depression/Anxiety ☐ Spontaneous Sweating
☐ Vision/Eye Problems ☐ Night Sweating ☐ Dizziness/Vertigo
☐ Indigestion/Heart Burn ☐ Skin Disorders ☐ Throat Pain/Problems
☐ Jaw/Teeth Pain/Problems ☐ Hair Changes ☐ Breathing Difficulties
☐ Joint Pain _____ ☐ Fatigue/Low Energy ☐ Cough
☐ Nausea/Vomiting ☐ Insomnia/Restless Sleep ☐ Poor or Excess Appetite
☐ Ear Pain/Problems ☐ Chills or Fever ☐ Gas/Bloating
☐ High/Low Blood Pressure ☐ Poor Immune Function ☐ Chest Pain/Pressure
☐ Muscular Pain _____ ☐ Urination Difficulties
Other Problem/Pain: _____

Turn the page and show us where it hurts.

Thank you kindly for taking your time to fill out this form as accurately as possible.
The information you provided will help your acupuncturist in her assessment and treatment plan.

Please indicate any areas of pain on the diagram below.



Other Comments:

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