

North Florida Acupuncture
Patient Information Form
352-281-8989
nflacupuncture.com

Name: _____ Date: _____

Address: _____ City: _____ State & Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Occupation: _____

Business Address: _____ City: _____ State & Zip: _____

Place of Birth: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Sex: Male Female Marital Status: (Single, Married, Life Partner, Divorced, Widowed)

Contact In Case of Emergency:

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Successful health care and preventative medicine are only possible when the practitioner has a complete understanding of the patient physically, mentally and emotionally. Please complete this questionnaire as thoroughly as possible. Some information may be redundant in nature but is used in different manners of evaluation, so fill out each section where applicable. Please print all information and indicate any areas of confusion on this form with a question mark. Thank you.

When and where did you last receive health care?

Has your case been referred to an attorney? Yes No

Do you have an reason to believe you may be pregnant? Yes No
If so, how far along are you?

Do you have any infectious diseases? Yes No
If yes, please identify the condition:

Chief Complaints

Please list the main health problems you are seeking treatment for in order of importance, rate on a scale of 1-10 (*1 minor, 10 major*) how this problem affects your life, and any past therapies:

1. _____

2. _____

3. _____

4. _____

5. _____

Please rate your commitment to resolving these problems (*1=minor, 10=major*):

Please list any food, drugs, or medications that you may be hypersensitive or allergic to (please include reaction):

Please list any medications (prescribed and over the counter), vitamins, herbs, and supplements that you are currently taking:

Please list all hospitalizations and Surgeries:

X-Rays, CAT Scans, MRI's, NMR's, Special Studies: (Include reason and when procedure occurred)
