Alternative Approach Acupuncture & Wellness
www.aaawellness.org
aaawellness1@gmail.com
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Insurance Information

Primary

Insured's Name:	DOB:	Employer:
Insurance Company:	ID#	Group#

Secondary:

Insured's Name:	DOB:	Employer:
Insurance Company:	ID#	Group#

Do you have an active Worker's Comp Claim? Yes/No (circle one)

Do you have a pending auto or accident claim? Yes/No (circle one)

Have you received acupuncture before? Yes/No (circle one)

What is your chief complaint today in detail?

_____

_____

_____

Please show on the chart below, mark any areas of pain, numbness or discomfort