



**New Patient Information**

Name:	DOB:
Street/ Apt #:	City/State/Zip:
Home Phone:	Email:
Cell Phone:	
Social Sec. #:	Marital Status:
Employer:	Phone:
Emergency Contact Person:	Cell Phone of emergency contact:

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

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)

Are you currently pregnant? Yes/No (circle one)

Are you actively trying to get pregnant? Yes/No (circle one)

How did you hear about us? Facebook Google Website Friend: \_\_\_\_\_

What is your chief complaint today in detail?

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

