Natural Wellness Acupuncture

PATIENT RECORD & MEDICAL HISTORY

Last Name_____ First Name_____

Birthday_____ Gender_____ Occupation_____

Home Address_____

City_____ State_____ Zip_____

Email _____

Cell Phone (_____) _____ Home Phone (_____) _____

How did you hear about us?_____ Referred by_____

Relationship status: □ Single □ Married □ Other

Emergency Contact_____ Phone (_____)_____

Please check all of the boxes below that are now or have been a part of your personal health history.

	Current	Past		Current	Past		Current	Past
Arthritis	□	□	High Cholesterol	□	□	Hypoglycemia	□	□
Abortion	□	□	Chronic Fatigue	□	□	Insomnia	□	□
Allergies	□	□	Depression	□	□	Irregular Menses	□	□
Anemia	□	□	Diabetes	□	□	Men's Health Issues	□	□
Angina (Chest Pain)	□	□	Digestive Problems	□	□	Musculoskeletal Injuries	□	□
Anxiety	□	□	Endocrine Problems	□	□	Neurological Problems	□	□
Asthma	□	□	Epilepsy	□	□	Psychological Problems	□	□
High Blood Pressure	□	□	Headaches	□	□	Respiratory Problems	□	□
Low Blood Pressure	□	□	Heart Disease	□	□	Urogenital Problems	□	□
Cancer	□	□	HIV, AIDS	□	□	Women's Health Issues	□	□

If you have a family history of any of the above problems, please specify here:

Natural Wellness Acupuncture

PATIENT RECORD & MEDICAL HISTORY

Please list all past surgeries and approximate dates:

Please list all past and current medications you are taking:

Current Complaints: please describe your major health concerns & other relevant info not mentioned above:

Our Office Policy:

1. I authorize the release of any medical or other information necessary for insurance claim processing and I understand that my individually identifiable medical information will be used only as necessary for purposes of treatment, payment, and other healthcare operations.

2. If you are under 18 years of age, please have your parent or legal guardian sign below.

3. Natural Wellness Acupuncture is required by law, to maintain the privacy and confidentiality of your protected health information. The policy is available upon request.

I have read and agreed to the terms of the preceding paragraphs. All the information is true to the best of my knowledge.

Signature_____ Date_____