

**Personal Info**

Name		Date	
Address		Referred by	
Address			
Tel #1		Email	
Tel #2		Birthdate	

**Emergency Contact**

Name			
Address		Tel #	
Address		Relation	

**General Medical Info**

Physician			
Tel #		Last Exam	

**Insurance**

Insurance Provider			
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**Acupuncture Experience**

Ever had acupunc.?		Where?	
Reason?		When?	

**Purpose of Visit**

List complaints & symptoms you want help with:	List other therapies used to treat your symptoms

**Medications You Take Now**

Medication Name	Purpose/Use	Dosage	Length of Time Taken

**Past Personal Medical History**

Medical History -- Mark ALL that Apply		
Allergies	Heart Disease	Genital Disease
Asthma	High Blood Pressure	Hepatitis
Cancer	Hospitalizations	TB
Childhood Injuries	Surgeries	HIV
Diabetes	Seizures	Other:

**Family History**

Family History -- Mark ALL that Apply	
High Blood Pressure	Cancer
Diabetes	Asthma
Other	

**Signature**

I certify that I have provided accurate information to the best of my abilities so that Shen Bai Acupuncture can best guide my health decisions.

Signed: \_\_\_\_\_