

# Chinese Acupuncture and Herbology Clinic

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Name of Emergency Contact Person \_\_\_\_\_

Phone Number for Emergency Contact Person \_\_\_\_\_

Your Primary Care Physician \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_

## **Present Health Concerns**

Please list most important health Concerns in order of significance
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Prior diagnosis of this problem? If so, what?
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.