

P A T I E N T U P D A T E F O R M

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone: Home _____ Work _____ Cell _____

Birth date: _____ Age: _____ Ht: _____ Wt: _____ Sex: _____

Marital Status: _____ No. of Children: _____ Referred by: _____

Occupation: _____ E-mail address: _____

Emergency Contact: _____ Relationship: _____

Their Phone Number: _____ Their Address: _____

Primary Care Practitioner: _____

List all the physicians you are seeing:

PLEASE UPDATE ME ON YOUR HEALTH AND REASON FOR ACUPUNCTURE SINCE YOUR LAST VISIT.

How has your health been since your last visit?

Are there any new conditions I should be aware of since your last visit

Have you ever had this condition or similar condition before? Explain:

Have you received treatment for this or any other condition recently? When /By whom/Diagnosis :

What were the results of treatment?

Has the condition gotten better worse or stayed the same?

How is the condition affecting:

Your home life _____

Your work experience _____

Your social life _____

Your ability to exercise _____

Rest and Sleep _____

Other _____

Medicines taken within the last two months (including pharmaceuticals, vitamins, over the counter drugs herbs)

Injuries-List all serious injuries since the last visit and dates they occurred:

Surgeries-List all surgeries since the last visit and their dates:

Menstrual Cycle

Please check or explain how your cycles have been since last visit

- Irregular _____
- Painful _____
- Excess Blood _____
- Lack of Blood _____
- Dark _____
- Light _____
- Clotting _____
- Water Retention _____
- Painful Breasts _____

Do you have regular pap tests? How regular?

What were the results of the most recent test?

Any other information you would like to add: