Synergy | Wellness Center

Acupuncture | Herbal Medicine | Therapeutic Body Work | Whole Foods Nutrition

New Patient Intake Form

Full Name _____ **Age** _____ **Date of Birth** _____ **Date** _____

Address _____ **Home Phone** _____

Email _____ **Cell Phone** _____

Are you (check one) Single___ Married___ Other___ **Partner's Name** _____ **Gender** F M

Occupation _____ **Emergency Contact** _____ **Phone** _____

Primary Physician _____ **Phone** _____ **Referred by** _____

Have you ever had acupuncture before? _____

Please list the concerns that brought you to the Clinic today:

1. _____ Date of Onset _____
2. _____ Date of Onset _____
3. _____ Date of Onset _____
4. _____ Date of Onset _____

Family History

Please take a moment to identify any health problems that you or a blood relative (parents, grandparents, or siblings) have experienced. We would also appreciate it if you would list any medications or supplements you are currently taking.

	You	Relative
Allergies	☐	☐
Anxiety	☐	☐
Arthritis	☐	☐
Asthma	☐	☐
Cancer	☐	☐
Depression	☐	☐
Diabetes Type 2	☐	☐
Digestive problems	☐	☐
Heart disease	☐	☐
HIV/AIDS	☐	☐
Hypertension	☐	☐
Infertility	☐	☐
Neurological disorders	☐	☐
Seizures	☐	☐
STD's	☐	☐
Stroke	☐	☐
Thyroid disorders	☐	☐

Medications/Supplements	Dosage/Frequency

What other treatment methods have you explored?

Please describe your typical diet:

How many caffeinated beverages do you drink daily? _____

How many alcoholic beverages do you drink in a week? _____ **Are you a smoker?** _____

Do you exercise? _____ **Please describe your average workout:**

Please list any major injuries, traumas, or surgeries:

1. _____ **Date** _____
2. _____ **Date** _____
3. _____ **Date** _____
4. _____ **Date** _____

Please check any preventative health screenings you have had in the last year:

- ☐ Blood pressure
- ☐ Breast exam
- ☐ Pap smear
- ☐ Prostate exam
- ☐ Colonoscopy
- ☐ Fasting blood glucose
- ☐ Cholesterol
- ☐ Blood lipids
- ☐ Dental

Please identify your ethnic background:
(check any that apply)

- ☐ Native American
- ☐ Alaskan Native
- ☐ African American
- ☐ Hispanic
- ☐ Latin
- ☐ Pacific Islander
- ☐ Middle Eastern
- ☐ Asian
- ☐ White (not of Hispanic origin)