

CHAD JOHNSON ACUPUNCTURE INTAKE FORM

MEDICAL HISTORY

This information is essential for the diagnosis procedure and helps to provide you with a better treatment. Please fill out as accurately as you can.

This information is **confidential**.

Name: _____ Date: _____

Address: _____

Home phone: _____ Cell: _____

Email address: _____

Age: _____ Birth date: _____ Height: _____ Weight: _____

Occupation: _____

How did you hear about us? _____

Primary Care Provider: _____

Permission to contact your physician regarding your complaint? YES NO

Describe your principal complaint: _____

What kinds of treatments have you tried? _____

Medical diagnosis: _____

When did your symptom begin? _____

Childhood illnesses: Surgeries or Accidents?

Age: _____

Age: _____

Adolescent illnesses: Surgeries or Accidents?

Age: _____

Age: _____

Adulthood illnesses: Surgeries or Accidents?

Age: _____

Age: _____

Please note all major illnesses in your immediate family, like diabetes, heart disease, blood pressure, neurological disorders, psychological disorders, blood disorders, orthopedic disorders, etc and biomedical devices, such as artificial joints and pace makers.

Please note all medications, allergies to medications, herbs, vitamins, and minerals you take even if you take them only occasionally.

Please describe the levels of stress in you life. How does stress impact you? How do you deal with stress?

What types of acute illness do you get and how often have you experienced them during the last two years?

Are you presently being treated with other modalities? If so, which ones?

WOMEN ONLY:

Date of last menstrual period: _____

How many days is your flow? _____

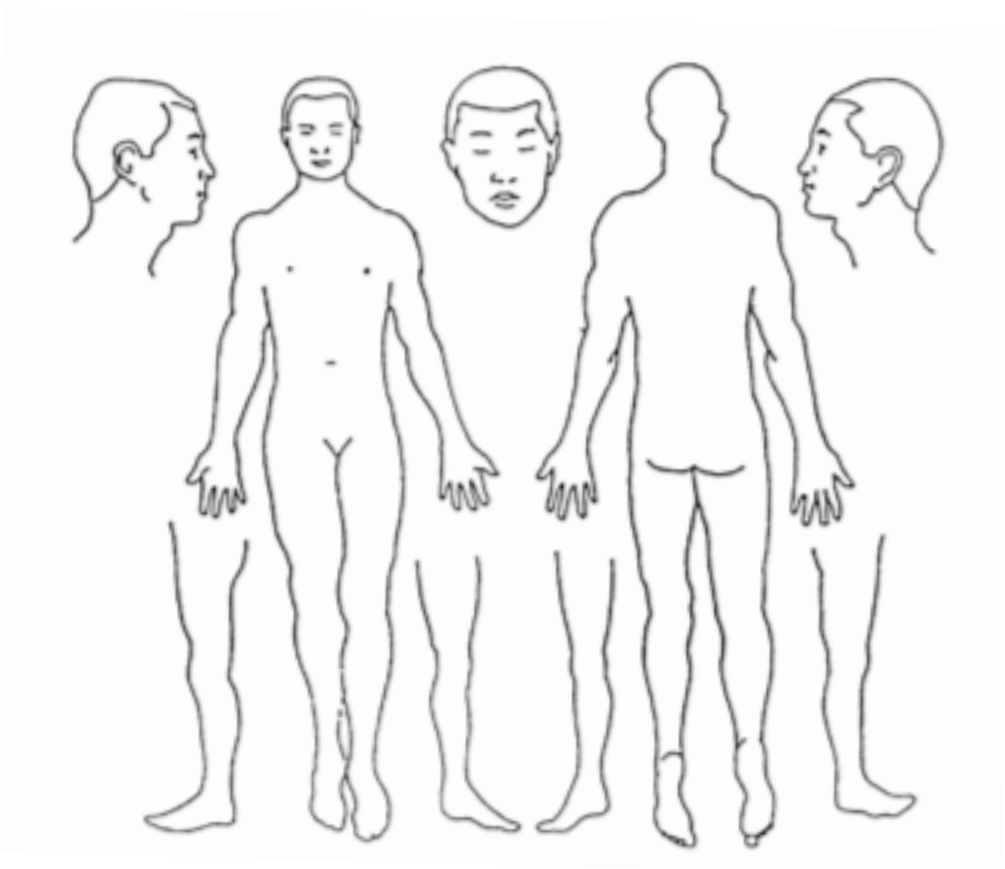
How many days is your monthly cycle? _____

Age you first began menses: _____ menopause: _____

MEN ONLY:

Have you ever had a prostate examination? If so, when? _____

Everyone (Women & Men) please mark any areas of pain & presence of biomedical devices on the diagram below:



Thank you for your honesty. It will help to better understand your complaint, lead to a more accurate diagnosis, and guide us toward your improved health.

All patients are advised to consult a physician regarding the condition or conditions for which they are seeking acupuncture treatment. In addition, patients are responsible for seeking the advice and treatment of a physician should their symptoms change for the worse, or should any new condition arise.

Patient signature: _____ Date: _____

Practitioner signature: _____ Date: _____