

Patient Name: _____ **Date:** _____

Have you ever had an acupuncture treatment? When and for what reason? _____

Are you presently being treated for a medical condition? Please describe: _____

Please briefly describe any chronic pain: _____

What health issue do you want treated? Please describe as fully as possible. _____

What treatment have you been using for relief of this issue? _____

Do you have other health concerns? _____

Please describe the type of foods you eat regularly:

Breakfast: _____

Morning Snack: _____

Lunch: _____

Afternoon Snack: _____

Dinner: _____

Evening Snack: _____

Do you exercise regularly? Yes No

What type of exercise do you do? _____